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Exploring the Long-Term Effects of Domestic Violence in Art Therapy Treatment

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Exploring the Long-Term Effects of Domestic Violence in Art Therapy Treatment

By

Ekaterini Angelis

A research paper presented to the

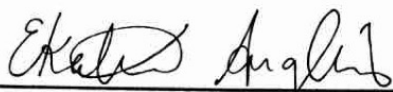
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Abstract

This qualitative case study explores the long-term effects of domestic violence through the lens of art therapy treatment. The study is based on a twelve-week long art therapy treatment group for women who have experienced domestic violence. The study includes a literature review and a qualitative analysis of the participants' artwork and details of their experiences of domestic violence related trauma. The research focuses on two participants and utilizes textual and visual analysis to identify four emergent themes: Family and identity, hope in moving forward, support and connection, and freedom. The findings discuss the value of art therapy in revealing coping skills, strengths and internalized fears related to domestic violence trauma. The women in the study illuminate an increase in awareness of internal resources and hopeful narratives for healing. The study demonstrates the potential of art therapy to make visible the long-term effect of domestic violence, and assist in the treatment of survivors.

Disclaimer

The findings and speculations presented in this research do not reflect the views of Loyola Marymount University or the faculty of the department of Marital and Family Therapy. An informed consent form was provided to each of the participants in this research, and all names have been changed to protect participant confidentiality.

Dedication

This paper is dedicated to my fiancé for his unwavering love, support, understanding, and encouragement.

Acknowledgements

I would like to express my gratitude to my research mentor Prof. Dr. Paige Asawa for her abundant support, guidance and encouragement throughout this project. I would also like to thank my art therapy cohort and the faculty and staff of Loyola Marymount University Marital and Family Therapy Department for continually creating a space of understanding and growth, and assisting me in my developing identity as an art therapist.

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Introduction

The Study Topic

The purpose of this research was to investigate the long-term effects of domestic violence within the context of art therapy. Domestic violence is a key treatment area in community mental health. There are many research studies that consider the immediate impact of the violence, yet there is a lack of research that explores the long-term effects. This study explored a deeper thread of understanding the effects of sustained domestic violence exposure through the lens of art therapy. Understanding the way that domestic violence affects survivors, is essential to recognizing their implications for treatment. The research further assessed what cognitive executive functions were affected by domestic violence as it relates to art therapy as treatment. The research answered the following questions: What were the ways that sustained exposure to domestic violence impacted survivors interpersonally? In what ways did the impact of domestic violence develop over time? How can art therapy make visible the long-term effects of domestic violence? How does art therapy assist in the treatment of trauma for domestic violence survivors?

Significance of the Study

Statistics from the NCADV (2015) indicate that Domestic Violence affects a significant number of the population served by art therapists. Therefore, it is important that art therapists providing services to the DV population understand the impact that the violence has on their clients. This study is personally significant to my practice due to familial inspirations and their personal experiences with DV, as well as the clients that I am currently providing services to. Empowering women has been a passion of mine for quite some time, hence my interest in studying ways in which art therapy can foster healing for this population. The findings

anticipated from this study included insight into the long-term effects that domestic violence has on survivors. This can be used to further assess common symptoms and experiences that are prevalent in Domestic Violence and Intimate Partner Violence survivors. The goal of the study was to assist in providing information and resources to art therapists working within this population, and foster an increasingly competent and informed practice. This acknowledgement is integral in furthering conversation about intimate partner violence, and how crucial this issue is.

Background of the Study Topic

The National Coalition Against Domestic Violence (NCADV) indicates that intimate partner violence (IPV): “accounts for 15% of all violent crime. On average, nearly 20 people per minute are physically abused by an intimate partner in the United States. During one year, this equates to more than 10 million women and men” (NCADV, 2015, p. 1).

Since the 21st century, practicing law is not exclusively a male occupation. Baer (2006) emphasized that:

The proportion of lawyers, legislators, and judges who are women has increased steadily in the last generation. Since at least one-half the nation’s law students are women, we can expect this trend to continue. However, the legal system within which these women work was constructed by men. Laws “authorize the male experience of the world.” (p.57)

Although the participation of women in the practice of law has changed, the legal system remains traditionally assembled exclusively on the experiences and worldview of white men. The experiences and worldview of women are not addressed in the constitutional framework. For example, Fletcher (1998) and State v. Stewart (1998) indicated that:

A verdict of not guilty by reason of self-defense requires a finding that the defendant was in imminent life threatening danger when the crime was committed. This rule fits the experience of a man accosted on a subway, but rarely the experience of a women in an abusive relationship (Baer, 2006, p. 58)

The Nineteenth Amendment, and the introduction to the 19th Century Feminist Movement has since changed the definition of persons as defined in the constitution to include women, and to further promote inclusive change in the legal status of women (Baer, 2006).

It was not until the contemporary anti-domestic violence movement in the early 1970s, that DV was recognized by the law. (Kim, 2013) The National Coalition Against Domestic Violence (NCADV) was established in 1978 to provide advocacy and leadership for victims of domestic violence (Barrett, Almansori, Kwan & Waddick, 2016). Kim (2013) denoted that:

What now appears as a complex, professionalized network of social service, clinical therapeutic, mental health, medical, civil legal, child welfare and criminal justice system responses to domestic violence has its early contemporary roots in a more grassroots feminist social movement with a systemic analysis of gender-based power and the identification of patriarchy as an overarching political problem (p. 1277).

Kim (2013) specified that it wasn't until the identification of the patriarchy as a political problem developed recognition that DV became a designated nationwide crime in the United States. During the end of the 1980's, the laws in many states established the required arrest of a minimum of one party whenever a DV incident included police involvement. In 1994, the Violence against Women Act (VAWA) was passed; it was the first federal act that legislated criminal lawful response to violence against women (Kim, 2013).

Although criminalization of DV may have served to legitimize social issues, Kim (2013) examined the way incarceration affected social justice. Her research postulates that pursuing criminalization for domestic violence has done more harm to certain communities, such as communities of color and undocumented immigrant women (Kim, 2013). This notion left questions regarding justice in criminalization of DV due to its disproportionately negative effects on people of color, immigrants, and lesbian, gay, bisexual, transgender, queer (LGBTQ) populations. In many cases, criminalization and safety conflict for survivors who are seeking help from the state, which can be observed in the cases of police routinely requesting

immigration documents not from perpetrators and victims of violence (Kim, 2013). This leaves the immigrant population in danger, regardless of if they were convicted of a crime or not (Kim, 2013).

Tailor, Stewart-Tufescu, and Piotrowski (2015), talked about the influence that IPV has on the ability for a victim to feel adequate in their role as caregiver, and the consequences this has for their children. Their research indicated that children who have experienced exposure to IPV have higher levels of trauma symptoms and adjustment disorders (Tailor et al., 2015). Tailor et al. (2015) concurrently discussed the ways in which stress levels associated with IPV possibly hindered the ability of parents to provide care to their children. The study suggested that women who have experienced IPV generally respond by developing strategies to be “good” mothers. The authors argued that due to the mother’s perception of their failure to take care of their children’s emotional needs, they engage in time-consuming activities to help foster support for their children throughout their arduous conditions. The findings also indicated that due to the mother’s perception of greater susceptibility in her older children, they are more likely to understand the negative impact of IPV (Tailor et al., 2015). In addition, they found that the older children of families have a greater tendency to assume the caregiving responsibility, to their younger siblings and mothers (Tailor et al., 2015).

Research by Cort, Cerulli, Poleshuck, Bellenger, Xia, Tu, Mazzotta, and Talbot (2014) studied the problematic occurrence of women who have experienced IPV not being able to seek psychiatric treatment due to their depressive symptoms. Cort et al. (2014) specified that “chronic interpersonal maladjustment and limited supportive alliances result in vulnerabilities to severe depression and re-victimization (p. 700). Furthermore, the research talked about, the difficulty of consistently sustainable outpatient treatment after leaving residential shelters. They continued to

resolve that delivering evidence based practices to this population in public health settings is crucial due to the lack of mental health services with women who have experienced IPV (Cort et al., (2014), p. 704).

Literature Review

Introduction

This review of literature covers the topic of domestic violence, specifically focusing on female survivors of intimate partner violence. The literature will provide statistical information, cultural considerations, general psychology literature, and art literature to promote further understanding of DV in a therapeutic setting. The literature will further explore contextual support for the use of art therapy is an alternative treatment that has been effective in processing trauma related symptoms (Hass-Cohen and Findlay, 2009).

Intimate partner violence (IPV) remains the most pervasive and harmful form of violence against women internationally. It has been identified by various national and global authorities as a form of sexual discrimination, as it relates closely to the ongoing sexual inequality and oppression of women in all aspects of life. (Rose, 2015, p. 31)

General Psychology Literature

History of domestic violence and intimate partner violence

The National Coalition Against Domestic Violence expresses that domestic violence affects a significant part of the United States population. They state that it occurs in several communities around the world and is a massive problem of worldwide proportions. Per statistics, listed by the NCADV (2015), “DV can result in physical injury, psychological trauma, and even death” (NCADV, 2015, p. 1). They further express that DV is cross generational and has the capability to affect an individual for the entirety of their life and extend throughout future generations in their lineage. Besides the physical and psychological effects of DV, the NCADV state that there are statistically significant economic effects as well. The NCADV states that “Victims of domestic violence lose a total of 8 million days of paid work each year” (NCADV,

2015, p. 1). Furthermore, NCADV statistics also note that victims of DV abuse commonly lose their employment due to reasons interrelated to the abuse.

Katerndahl, Burge, Ferrer, Becho, and Wood (2012) discussed theories surrounding typical patterns that occur within DV relationships, including periodic dynamics, random dynamics, and chaotic dynamics. “Periodic dynamics show cyclic variations with a predictable path and pattern. Random dynamics, on the other hand, are unpredictable in path and pattern. Finally, chaotic dynamics show a predictable pattern but the path followed is unpredictable” (Katerndahl et al. 2012, p 141). Katerndahl et al. also referred to the cycle of violence contextually within DV relationships, they ascertained that typically a conflagration of violence occurs when stress levels are elevated, which then leads to what is referred to as the “honeymoon period” when the perpetrator will typically attempt to make amends, up until the stress elevates again and the violence recurs Katerndahl et al. 2012, p 142). Katerndahl et al (2012) discussed DV through the lens of systems theory.

Violence begins unexpectedly, but becomes reinforced through the positive results it yields for the perpetrator and acquiescence on the part of the victim. Violence in this dynamic is centered on the interplay between the couple, but influenced by outside forces (Katerndahl et al, 2012, p. 142).

Statistics.

The cost of domestic violence is one of worldwide proportions and it is prevalent in every community, country, and culture. The NCADV (2015) indicates domestic violence affects victims’ psychological, mental, physical, and emotional well-being and can contribute to significant trauma, and in some cases, death. They found that due to the psychological impact of domestic violence on its victims, there are many aspects that contribute to the difficulty of

leaving such relationships. These aspects include financial control, safety, and psychological barriers that can largely prevent victims from getting help (NCADV, 2015).

Murray (2007) explored the many hindrances and disruptions that women encounter in leaving DV relationships. Gregory (2001) stated:

Women, often with children, were/are far more likely to be living in intolerable domestic situations, dependent on a partner for shelter, than directly subjected to the “dangers” of the streets. However, for women who do leave, the uncertain future of poverty, inadequate housing and social isolation is not much more inviting (as cited in Murray, 2007, p.68).

Murray (2007) reiterated Gregory (2001) in stating that women who leave DV in their home may be prone to encounter consistent disadvantages throughout their process of leaving. She further stated that:

In addition to leaving personal relationships, women may struggle to leave the place that is their home. The family home is not just a place of physical shelter, but it is also supposed to provide emotional security; it has symbolic importance for the relationship and the family life that a woman and her children have lived. Domestic violence disrupts this belongingness to place by altering understandings of the space that is home. (Murray, 2007, p. 68)

Culture.

Diez, Escutua, Pacheco, Martinez, Caracena and Contreras (2009) discussed the importance that culture plays in IPV due to the impact that cultural beliefs have regarding gender, they argue that certain beliefs about gender generate violent behaviors against women. (Diez et al., 2009, p424). Similarly, Gidycz, & Kelley (2016) considered the role that gender

plays in violence against women. Their research outlined the socialization of gender roles within culture and discusses the perpetuated narrative that women are naturally subservient, passive, and acquiescent. They stated that alongside this narrative, perpetuating males as the dominant sex also contributes to power differentials that perpetuate violence against women (Gidycz et al., 2016). Park (2016) echoed these findings in discussing patriarchal cultures perpetuating narratives of women being the weaker, less valued, and less intelligent sex; which they stated may perpetuate men to justify the use of violence as means of achieving power. Their research showed findings of higher levels of physical violence in relationships defined as patriarchal, compared to that of egalitarian relationships (Park, 2016, p. 670). Rose (2015) echoed these findings in identifying the promotion of normalization of male dominance. She indicated that promoting “healthy male aggression” in male sexual behavior directly connects to the connectivity of patterns in sexually abusive relationships (Rose, 2015).

Carbon-Lopez (2016) further defined Park (2016) and Gidycz & Kelley’s (2016) definitions of gender based violence within cultural contexts. They defined IPV patterns in two subcategories, “Patriarchal terrorism” and “common couple.” The “Patriarchal terrorism” referenced male systematic uses of violence and more psychological based violence, such as threats, financial abuse, and isolation. She defined “Common couple” violence as low level physical acts of violence, such as slapping and hitting. Carbon-Lopez (2016) clearly defined the need for domination and control of power differentials as the main factor that distinguished patriarchal terrorism from common couple violence (Carbon-Lopez, 2016).

Rose (2015) proposed a reconceptualization of IPV and the role that institutional policy and ideology serve to perpetuate the epidemic proportions of continuing violence against women. The research stated that the prevalence in violence against women is “connected to

normalized structures, institutions, policies, practices, and ideologies. Indeed, in accordance with a structural feminist perspective, domestic violence can only be adequately understood as a part of a system-wide subordination of women” (Rose, 2015, p. 32). She argued that because of this it is integral to the understanding of violence against women, to recognize IPV not only as an interpersonal crime committed by individuals, but a crime perpetuated institutionally (Rose, 2015).

Breiding et al. (2014) reported that 71% of women experience IPV before the age of 25, highlighting a loftier pervasiveness among multiracial women (as cited in Anyikwa, 2016).

Barrett, Almanssori, Kwan & Waddick (2016) researched the visibility and relativity of feminism within domestic violence coalitions. Their research analyzed organizational inclusion of racial and cultural intersectionality in DV survivors. Their results found that many DV organizations standards conflict with the ideology proposed by Rose (2015) that DV must be understood as a system-wide subordination of women. Barret et al. (2016) found that:

Just less than one third of coalitions explicitly acknowledged structural barriers, belief systems, or power inequalities experiences by marginalized groups of women, such as racism, heterosexism, ageism, anti-Semitism, and colonization. The explicit or implied inclusion of lesbian, gay, bisexual, or transgendered survivors was evidenced in the language of approximately half of the coalitions. (Barrett et al., 2016, p. 367)

Barrett et al. (2016) discovered through their quantitative analysis that 90.2% of the DV agencies examined did not explicitly acknowledge patriarchal social structures, and only 7.8% acknowledged institutionalized societal power discriminations based on gender (Barrett et al., 2016, p. 364).

Kim (2013) discussed the limitations of social responses to domestic violence as contextually impacted by the mass criminalization on marginalized communities. Her research discussed the paradigm of success in the criminalization of domestic violence, and how this “success” contributed to the betrayal of people of color, immigrant women and the LGBTQ community. Kim (2013) raised concerns over the historical context of harm committed towards communities of color and the persecution of men of color. She indicated that the criminalization of DV contributes to the detriment of safety of these communities. She stated that the collaboration of crime and immigrant control has largely contributed to fear in undocumented immigrant women due to their amplified risk of deportation and detention when seeking assistance for DV (Kim, 2013).

McClennen (2005) advocated that recent studies in the USA continually indicate that although there is a similarity in numerical prevalence of DV through both heterosexual and same sex relationships (as cited in Hester, Donovan & Fahmy, 2010 p. 4). Kim’s (2013) research further indicated a severe dismissal of violence by law enforcement towards the LGBTQ community in relationships that don’t conform to heterosexual normative. Hester et al. (2010) concluded that the impact of DV greatly varies based on social context and relations. Their findings indicated that in assessing severity of physical, sexual and emotional abuse, it is imperative to incorporate comprehensive findings of power, gender, and sexuality to cognize experience and specify reliable data on DV in same sex relationships (Hester et al. 2010).

Attaining psychological services.

Wilson, Silberberg, Brown, and Yaggy (2017), researched the connection of Intimate partner violence to health repercussions, and how that affected impediments to receiving healthcare. The study conveyed that women who have experienced Intimate Partner Violence

have reported psychological and physical chronic health issues and have had trouble attaining services due to control of their abuser, expense, and limited awareness of resources. They stated that the findings clearly suggest that there is clear impact of IPV on women's health (Wilson et al., 2017). A study by Montero, Excriba, Ruis-Perez, Vives-Cases, Martin-baena, Talavera, and Plazaola (2011), echoed these findings in reporting the significant health repercussions of abused women as compared to non-abused women. Their findings indicated that women with a history of abuse were more likely to suffer from psychological symptoms and somatic symptoms concurrently, as well as a lack of social support (Montera, et al., 2011, p. 298,299). Perez, Johnson & Wright (2012) concur with Wilson et al. (2017) in their suggestion that IPV related PTSD is detrimental in victim's ability to access substantial resources. They stated that accessing these resources requires women to function at a very high level, which may not be possible if they are experiencing symptoms of PTSD (Perez et al. 2012).

Rose (2015) discussed the role of the criminal justice system in contributing to the normalizations, concealment, and toleration of harm for victims of IPV. Rose (2015) cited various US and European studies indicating failure of general practitioners to respond to patients who present signs of abuse. She stated that these studies signified the lack of documentation and identification of cases where abuse was evident, and as a result, a failure to provide victims of IPV with necessary and appropriate assistance. Rose (2015) suggested that this passivity within the healthcare system is a tacit compliance with the harm committed towards victims of IPV (Rose, 2015).

Effects of trauma.

The Substance Abuse and Mental Health Services Administration (SAMHSA) reported that studies indicate women exposed to IPV are often exposed to numerous accounts of violence

that cause psychological, emotional, physical and sexual trauma. SAMHSA (2014) referred to the three E's of trauma, which includes the event, the experience, and the effect on a victim's ability to cope. They stated that an "Individual's subjective experience of the event characterizes it as traumatic, and overwhelms their ability to cope" (Anyikwa, 2016, p.485). At the center of IPV is a power imbalance, in which perpetrators use power tactics to dominate their victims. At the epicenter of IPV and that of continued trauma and traumatic stress is disempowerment, disconnection, and hopelessness experienced by the victim (Anyikwa, 2016).

Smith & Stover (2016) discussed previous childhood trauma exposure as a predictor of IPV in adulthood and the link between trauma and anxious attachment patterns. Their research denoted that women who have previously witnessed aggressive behavior within childhood, are more likely to develop aggression tolerance in their personal romantic relationships. Smith & Stover (2016) indicated that hostile experiences in adulthood may also be a contributing factor to a higher susceptibility to IPV. Their research stated that traumatic interpersonal events may contribute to deficiencies in sense of self, self-control, affect regulation, and interpersonal functioning. Their theory related to insecure attachment styles as outlined in Bowlby (1969) which describes attachment theory as developing "Patterns of relating to others, or internal working models, based on the quality of our early relationships with caregivers" (as cited from Smith & Stover, 2016, p. 747). Gay, Harding, Jackson, Burns, & Baker (2012) echoed Smith et al.'s (2016) research. Their study indicated that women with childhood experiences of maltreatment, abuse, and neglect are common predictors of IPV victimization. Their findings specified childhood emotional abuse and insecure attachment that developed from childhood were predictive of future IPV relationships (Gay et al, 2012).

Jaquier & Sullivan (2014) discussed the impact of fear of victims past abuse on their post-traumatic stress symptoms. They concurrently asserted that women who have experienced childhood abuse and neglect, experience a greater impact of fear and post traumatic symptoms. Jacquier et al. (2014) further stated in their findings that women experience trauma cumulatively and are more likely to experience greater post traumatic symptoms after multiple traumatic experiences (Jaquier et al. 2014).

Somatic Symptoms.

Diez, Escutia, Pacheco, Martinez, and Caracena (2009) studied the relationship of IPV on physical health. The study found that female victims of IPV suffered significant somatic symptoms, as well as behaviors that are generally detrimental to their health. Die et al. (2009) found that IPV put women at higher risk for migraines, respiratory problems, abdominal pain, and loss of appetite. Montero, Excriba, Perez, Cases, Baena and Plzaola, reverberated these findings in reporting that women with a history of interpersonal violence report significantly poorer health than those who have not previously experienced abuse. The study stated that “Abused women are more likely to suffer from psychological distress, co-occurring somatic symptoms, and chronic pain; to consider their health as poor; and to use antidepressants or tranquilizer medication” (Montero et al., 2011, p. 298).

Priester, Cole, Lynch, and DeHart (2016) reported an increase of irritable bowel syndrome (IBS) in women who had experienced IPV and childhood sexual violence. They stated that the likelihood of an IBS diagnosis tripled that of the average population for those who have had exposure to trauma. Priester et al. (2016), stated that women with interpersonal violence exposure were also more likely to suffer from chronic illnesses than those without violent history of exposure (Priester et al., 2016).

PTSD and Anxiety.

Lagdon, Armour, and Stringer (2014) identified PTSD as a mental health outcome of those who survive IPV. Their findings suggest that survivor's PTSD related symptoms largely affect their behavior, and in turn, their ability to perform daily tasks associated with employment and supporting their children. Lagdon et al (2014) stated that PTSD symptoms were more likely to be pervasive in IPV survivors, and less likely to decrease with time (Lagdon et al., 2014, p. 752). Priester et al. (2016) cited the frequency of PTSD in women and found that women experience PTSD symptoms at higher degrees than men. They posited that the rate of victimization of women throughout their lifetime may perpetuate their PTSD symptoms.

Salcioglu, Urhan, Pirinccioglu and Aydin (2017) discussed the feelings of fear that DV survivors deal with due to consistent experiences of a lack of safety. Their research discoursed the nature of fear, and how it continues to manifest in survivors, regardless of the elimination of stressors in their lives. They claimed that survivors experience recurring fear of past traumas that leads many to chronic traumatization; These fears are then exacerbated by feelings of learned helplessness, anxiety, as well as traumatic memories and triggers (Salcioglu et al. 2017). Beck, Tran, Dodson, Henschel, Woodward, and Eddinger (2016) similarly stated that constantly reliving past traumatic experiences and hyperarousal are two large indicators of the further development of PTSD. Priester et al. (2016) linked victimization and history of abuse to symptoms of depression and anxiety. Their research concluded that both men and women who have previously experienced IPV are more likely to exhibit depressive and anxious symptoms than those with no IPV experience (Priester et al., 2016, p. 101).

Maladaptive Cognitive Schemas.

Beck, Rush, Shaw, & Emery (1979) described Cognitive Schemas as “Structures for screening, coding, and interpreting experiences in a meaningful way.” Calvete, Corral and Estevez (2007), cited Young, Klosko & Weishar’s (2003) model of Schema Therapy in defining schemas as dysfunctional themes that are cultivated in childhood and progress throughout one’s lifetime. Calvete et al. (2007) specified that, although cognitive schemas exist throughout an individual’s lifetime, they can become maladaptive in instances of trauma, including physical and sexual abuse. This maladaptive schema is linked to disengagement coping, which is characterized by maladaptive functioning by avoidance (Calvete, Corral & Estevez, 2007). Correspondingly, Lambert, Benight, Wong, and Johnson (2013) relate positive “self-schemas” to higher “coping self-efficacy.” Their research proposed that an individual with positive “self-schemas” produces more constructive coping behaviors, which lead to lower psychological distress. In addition, they indicated that individuals with lower “coping self-efficacy” exhibit more symptoms of self-doubt and unproductive coping skills that trigger greater psychological suffering. Their findings further correlated that individuals coping with IPV are more likely to make “catastrophic interpretations about physiological sensations” which is connected to lower “coping self-efficacy” (Lambert et al., 2013).

Avoidant Coping.

Lambert et al. (2013) described coping as “An individual’s perceived ability to manage psychosocial and environmental demands associated with traumatic events.” Avoidant coping is said to play a fundamental role in effective adaptation and to be a primary predictor of social outcomes.” They also asserted that the individual’s perception contributes to their ability to adapt and implement coping strategies related to their experiences of intimate partner violence.

Furthermore, Krause, Kaltman, Goodman, and Dutton (2008) discussed the problematic implications of “avoidant coping” strategies frequently seen in women who have experienced IPV. The study referred to the impact that “avoidant coping” has on the prevalence of symptoms related to Post-Traumatic Stress Disorder (PTSD). “Avoidant coping” was further defined as behaviors that orient the individual away from stressors and triggers associated with the trauma. Krause et al. (2008) correlated the implications of these behaviors to longitudinal studies on posttraumatic stress. These studies demonstrated that the higher prevalence of avoidant coping skills were a predictor of greater psychological symptoms as time progressed. Similarly, Aupperle, Melrose, Stein, and Paulus (2012) highlighted the importance of associations individuals have with their trauma, which results in, hyperarousal and disengagement from stimuli related to their traumatic experience. The research indicated that this process leads to avoidance of the reminders of the trauma and eventually a higher prevalence of PTSD symptoms (Aupperle et al., 2012).

Longitudinal Impact and Depression.

Research by Priester, Cole, Lynch and Dehart (2016) found that, compared to individuals with no experience of Intimate Partner Violence, victimized individuals were two to three times more likely to meet the DSM diagnosis for Major Depressive Disorder. The study recognized longitudinal research citing a correlation between IPV victimization and future symptoms of depression and anxiety (Priester et al., 2016). Relatedly, Watkins, Jaffe, Hoffman, Messman-Moore, Gratz, and DiLillo (2014) completed a yearlong study highlighting the impact of depression on individuals who had experienced intimate partner aggression and victimization. They reported that some of the most common symptoms associated with intimate partner aggression and victimization were related to longitudinal depression (Watkins et al., 2014).

Mertin, Moyl and Veremeen (2014), reported evidentiary support indicating that women with childhood experiences of abuse are more likely to have health difficulties in adulthood. They continued to explain in their findings that higher frequency and severity of abuse increased symptoms associated with inferior health symptoms, which they claim verifies the detrimental health effects of IPV (Mertin et al., 2014, p.144).

Re-victimization.

Carbone-Lopez (2016) highlighted victimization as a recurring phenomenon and further consequence of Intimate Partner Violence. They defined re-victimization through means of sexual trauma during childhood, adolescence and adulthood. The study suggested that violence within the family of origin is a possible predictor for individuals to be re-victimized by an intimate partner. Carbone-Lopez (2016) posited the possibility that individuals who had experienced victimization from one intimate partner in adulthood, may be more likely to be victimized by future partners. “Aside from increasing the risk for future victimization, early experiences of violence may also have broader consequences for women’s relationship formation and involvement over the life course” (Carbone-Lopez, 2016, p.399). Their literature also noted violence as a precursor to patterns of avoidance and withdrawal from future romantic relationships with individuals who have experienced IPV (Carbone-Lopez, 2016).

Sexual harassment (SH) is defined as “unwanted gender-based comments and behaviors that are appraised as offensive, exceed one’s available coping resources, or are perceived to be a threat to the individual’s well-being” (Buchanan et al., 2010, p.272). A study done by Stockdale, Logan, Sliter and Berry (2014) examined the association of re-victimization and sexual harassment and found that previous interpersonal violence victimization was a significant predictor of sexual harassment (Stockdale et al., 2014). They reported that due to the defining symptoms of post-

traumatic stress of avoidance and hypervigilance, it may be more likely that potential abusers detect vulnerability, which singles out individuals for further abuse and re-victimization (Stockdale et al., 2014).

Art Therapy Literature.

Talwar (2007) discussed the efficacy of art therapy trauma treatment in accessing non-verbal traumatic memory and aiding in recovery of trauma. Talwar's (2007) research further indicated that PTSD symptoms such as hyper-vigilance are largely caused by a failure to integrate sensory imprints related to traumatic experiences. The research stated that:

In trauma treatment, it is not the verbal account of the event that is important, but the non-verbal memory of the fragmented sensory and emotional elements of the traumatic experience. Art therapy has long been recognized as a method that constitutes a primary process that taps into the non-verbal realm of imagery. (Talwar, 2007, p. 23)

Talwar (2007) inferred that trauma largely affects the limbic system and non-verbal region of the brain, which only slightly affects cognition; Therefore, to treat trauma beneficially, therapy must integrate cognitive, emotional, and affective memory. Talwar (2007) concluded that art therapy can connect these aspects of memory in the brain and correspondingly assist in processing somatic trauma memories. Lusebrink (2004) concurred with Talwar (2007) in stating that:

Brain structures provide alternate paths for accessing and processing visual and motor information and memories. Art therapy is uniquely equipped to take advantage of these alternate paths and activate them through the use of various art media in therapy.

(Lusebrink, 2004, p. 133)

Gant and Tinnin (2009) indicated that "In humans the pathological consequences that follow a traumatic experience are due to the involuntary instinctual survival reactions that

interrupt verbal consciousness and dominate behavior and sensation during the time it takes to recover normal verbal thinking” (Gant & Tinnin, 2009, p. 150). They maintained that after traumatic experiences verbal control returns, but the traumatic perceptions and emotions solely remain in memories without narrative association and verbal coding. Thus, the traumatic interruption of the verbal and non-verbal aspects of the brain may not completely recover (Gant et al, 2009). Gant and Tinnin (2009) concurred with Talwar (2007) in stating that full trauma recovery necessitates a restitution of the connectivity of the left and right brain hemispheres as well as a verbal and non-verbal processing, and the elimination of the fear of the trauma. Gant et al. (2009) proposed that art therapy is a means to process and recover the nonverbal traumatic memories vital to recovery.

Hass-Cohen and Findlay (2009) discussed the activation in fight or flight response within the autonomic nervous system as the body’s response to fear of pain. Hass-Cohen and Findlay (2009) echo Gant et al (2009) in the indication that threat of pain contributes to fear reaction and activates short-term stress response, which in turn activates changes in the cardiovascular, respiratory, gastrointestinal, renal, and endocrine systems. They specified the effect that trauma produces on the amygdala and its association with experiences of emotional pain, fear, and stress. Hass-Cohen and Findlay (2009) and Talwar (2007) both emphasized the amygdala’s role in affect regulation, limbic regulation, and attachment styles, and note art therapy as a valuable tool in promoting affect regulation. Hass-Cohen and Findlay (2009) concurred with Gant et al (2009) in recognizing the value of art therapy treatment. Their research conceded that using art in a safe environment, repetitiously, can reduce the effects connected to fear of pain, trauma, and passive coping, while simultaneously activating strength, and nonverbal emotions to be explored.

They maintained that art making perpetuates pain reduction, and helps to regulate positive and negative emotions (Hass Cohen et al, 2009).

Collie, Backos, Malchiodi, and Spiegel (2006) echoed Gant and Tinnin (2009) in examining the implications of the utilization of art therapy in the treatment of PTSD symptoms. Collie et al.'s (2006) research stated that the development of PTSD is largely exacerbated by a failure to process information from trauma symbolically. Collie et al. (2006) specified that symptoms caused by traumatic memories can be reduced by processing trauma through the development of a trauma narrative. The trauma narrative assists in reinterpreting traumatic memories and integrating them into an individual's life story; their research further indicated that visual imagery of the trauma may be necessary in processing and constructing an individual's trauma narrative (Collie et al. 2006). Collie et al. (2006) contended that art therapy is a valuable tool in visually expressing a reconstructed trauma narrative and is beneficial in stress management and in the reduction of physical and psychological trauma symptoms.

Schouten, Neit, Knipscheer, Kleber, and Hutschemaekers (2015) reiterated Collie et al.'s (2006) findings in noting that art therapy treatment is effective in decreasing symptoms of PTSD by integrating traumatic experiences through imagery and rituals. Schouten et al. (2015) stated that art therapy served to reduce PTSD symptoms including: Re-experience, arousal, avoidance, emotional numbing, depression, alexithymia, dissociation, nightmares, anxiety and trouble sleeping. Their research concluded that significant decrease of trauma symptoms was found in utilizing art therapy alongside psychotherapy treatment (Schouten et al., 2015). Although there is limited research regarding evidentiary support for art therapy with traumatized individuals, the research conducted thus far has indicated evidence for efficacy in art interventions in the reduction of anxiety and trauma symptoms in adults (Schouten et al. 2015).

Conclusion

This literature review suggested that domestic violence affects a significant part of population worldwide, is prevalent in several communities, and is cross generational in its effects (NCADV, 2015). The NCADV (2015) states that domestic violence causes significant distress on emotional, economic, psychological and physiological well-being. Furthermore, Wilson et al. (2017) highlights the difficulties of attaining psychological services for women who have experienced DV. Due to the expansive traumatic effects that DV has in communities worldwide, art therapy is named as a way for DV survivors to process trauma psychologically.

The multifaceted effects of trauma are explored throughout this literature, as they frequently lead to an increase in anxiety and PTSD related symptoms in women who have experienced DV (Priester et al., (2016). Art therapy is examined as a treatment modality for PTSD related trauma symptoms. The literature included art therapy research focusing on the effectiveness of art therapy in the treatment of trauma (Hass-Cohen & Findlay, 2009). Art therapy was recommended within the literature to process and recover non-verbal traumatic memories vital to recovery (Gant et al., 2009). Hass-Cohen and Findlay (2009) paralleled these findings in stressing the importance of using art therapy in regulation of the amygdala, limbic regulation, and attachment.

Research Approach

Povee and Roberts (2013) wrote that qualitative research methodology is useful in identifying central themes that are guided by initial research questions and are effective in elaborating on knowledge in psychological theories. They expanded on this assertion by stating “Qualitative research can contribute to psychology through providing in-depth contextualized understandings of human behaviour and accounts of personal experience and meaning that may not be possible with quantitative methods.” (Povee & Roberts, 2013, p. 29) Stiles (2009) echoed Povee and Roberts (2013) in the argument for the use of qualitative research when he states that case studies “may use multiple theories to aid understanding of the cases; the theories may point to phenomena that would not otherwise be noticed and suggest meanings that would not otherwise emerge” (Stiles, 2009, p. 9). Qualitative research methodology provides intricate meanings not otherwise found in that of qualitative research.

A study done by Nastasi and Schensul (2005) also discussed the goals of qualitative research and how they correlate to the methodology that is used through this research method. They stated that it is consistent with the goal of capturing and representing the idiographic nature of psychological phenomenon in the natural context, Ethnography, phenomenology, field research, and grounded theory rely primarily on more open-ended techniques such as observation, interviewing and recording of existing indicators such as archives or records, artifacts, and permanent products (Nastasi & Schensul, 2005). Their research also related the usefulness of qualitative methodology within a greater cultural context. Nastasi and Schensul (2005) advocated for the unique ability that qualitative research has in exploring research through ideas of culture. Thus, I believe that the method of qualitative research gave me the unique ability to examine

more of the cultural competency in clinical practice involved within this research (Nastasi & Schensul, 2005).

I completed my research using qualitative research methodology in the form of multiple case studies. My reasoning in using this methodology for this research was the ability of a case study to develop a comprehensive understanding about human behavior and experience. Meyer (2001) referenced/discussed the argument made by Gummesson (1988:76) that:

An important advantage of case study research is the opportunity for a holistic view of the process: ‘The detailed observations entailed in the case study method enable us to study many different aspects, examine them in relation to each other, view the process within its total environment and also use the researchers’ capacity for ‘verstehen’ (empathetic understanding of human behavior). (p. 330)

In choosing to research through the means of a case studies I am adequately able to fully consider historical context of violence against women as it relates to exploratory experience of my clients with IPV and DV. This cultural lens is a necessary step in furthering cultural competency within the field of art therapy. Where quantitative research falls short, the case studies serve to explore the complexities of IPV and offer coherent and observable research and insight through the detailed intricacies of personal experiences, that otherwise would not be seen through quantitative measures.

Methods

Introduction

The methods section outlines the essential components in the completion of this case study research. The section begins with the definition of terms relevant to the study topic. The design of the study is specifically outlined in the participant sampling section. The gathering of data specifies the approaches and sources of data collection, and the organizational framework for the interpretation of data analysis is specified in the analysis of data section.

Definition of Terms

Intimate Partner Violence. “Intimate partner violence includes physical violence, sexual violence, stalking and psychological aggression (including coercive tactics) by a current or former intimate partner (i.e., spouse, boyfriend/girlfriend, dating partner, or ongoing sexual partner)” (CDC, 2015, p. 11). The term intimate partners refers to partners of same or opposite sex, with or without cohabitation, as well as partners who have a child together but no longer have a current relationship. It includes both current and former spouses married, common-law, civil union, and domestic partners, boyfriends/girlfriends, dating and ongoing sexual partners (CDC, 2015, p.1).

Domestic Violence. Domestic violence within the context of this literature will be describing domestic violence as experienced by those who have also experienced Intimate Partner Violence.

The NCDVA defines Domestic violence as the willful intimidation, physical assault, battery, sexual assault, and/or other abusive behavior as part of a systematic pattern of power and control perpetrated by one intimate partner against another. The frequency and severity of domestic violence can vary dramatically; however, the one constant component of domestic violence is

one partner's consistent efforts to maintain power and control over the other. (National Coalition for Domestic Violence (NCADV, 2016)

Trauma. The Substance Abuse and Mental Health Services Administration (SAMHSA, 2014a) delineates that trauma:

Results from an event, series of events, or set of circumstances that is experienced by an individual as physically or emotionally harmful or threatening and that has lasting adverse effects on the individuals functioning and physical, social, emotional, or spiritual well-being. (SAMHSA, 2014a)

The Diagnostic and Statistical Manual of Mental Disorders (DSM) (2013) definitively states that trauma requires experience of:

Actual or threatened death or serious injury; or threat to one's physical integrity; or witnessing an event that involves death, injury or a threat to the physical integrity of another person; or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate. (American Psychiatric Association, 2000 p. 463)

Cognitive Schema. Calvete, Corral, & Estevez (2007) define cognitive schemas as cognitive structures for assessing, coding, interpreting meaning in experiences (Calvete, Corral, & Estevez, 2007, p. 369).

Post-Traumatic Stress Disorder. Post-Traumatic Stress Disorder (PTSD) is defined as “an event that involves actual or threatened death or serious injury, or a threat to one's physical integrity; or witnessing an event that involves death, serious injury, or a threat to the physical integrity of another person, or learning about unexpected or violent death, serious harm, or threat of death or injury experienced by a family member or other close associate” (American

Psychiatric Association, p.463, 2000). Symptoms may include intrusive memories, flashbacks, nightmares, avoidance of trauma triggers, anxiety disruptive to accomplishing tasks of daily living (American Psychiatric Association, 2000).

Feminist. “Feminist community psychology acknowledges the intersections of marginalized aspects of identity based on factors such as gender, race/ethnicity, and social class; values multiple methods; and emphasizes social change” (Riger, 2017, p. 131).

Intersectionality. “The multidimensional and fluid aspects of identity” (Riger, 2017, p. 129).

Design of Study

Sampling.

The subjects chosen for the study were two females, self-identified domestic violence survivors over the age of 18. The subjects were selected from the Primary Investigator’s field placement agency caseload at the YWCA of Glendale. The YWCA has been working since 1962 to assist domestic violence survivors; to empower them to regain a sense of safety and self-sufficiency. The agency provides emergency shelter, support services, legal assistance, therapeutic services, education, and outreach. The Primary Investigator worked in the domestic violence service center, which offers case management, legal assistance, counseling, resources, referrals, and childcare for adult survivors and their children. The subjects were initially contacted by the Primary Investigator at the YWCA of Glendale to assess interest in participation for the reflective case study. The criteria for the participant selection included emotional stability and a willingness to engage in the study. Internal validity may have been affected by bias due to the selection process being solely completed by PI data had the possibility of being affected by the PI’s bias in focusing on certain aspects of clients’ narratives, and what information was considered important and relative to the study. Bias may have also occurred due to PI’s

experience related to domestic violence. External validity may have been affected due to the inclusion of just two participants in the study; the results may not be generalizable to a universal experience of DV.

Gathering of Data.

The primary investigator provided individual therapy as well as group therapy services for clients at the YWCA of Glendale, which is typical for trainees in the YWCA training program. The PI provided information on the study and inquired if the subjects would like to participate. The subjects agreed to participate and were provided with the consent form and human subject's bill of rights form. The sessions were conducted as per the treatment plan constructed with the clients and the clinical supervisor, not for the purposes of this research. Each group therapy session was voluntary and clients could participate at will. Each session was 90 minutes in length, one day per week, for a total duration of 7 weeks. Each therapy session included art making as a part of the therapeutic process. Following the completion of treatment, the PI reflected and reviewed the artwork and case notes to consider the presence of indicators of long-term effects of domestic violence exposure.

Analysis of Data.

The study was a qualitative study based on two case studies. Drawings, clinical notes, and observation from the group therapy sessions were utilized as a data sets. The study involved detailed recordings of the participant's behavior, history, context, and art made within the session. They were then analyzed for continuous recurring themes throughout the sessions connected to themes of DV and IPV. These themes were studied to identify the themes throughout the work that were the most prominent. Each participant's artwork was analyzed individually and comparatively. I used visual analysis procedures that look at the special qualities, symbols, and

text within the art. Upon investigation of the responses given, categories were established to assess for similarities. These categories were then clustered into emergent themes. The emergent themes were organized from most prominent themes found in the group sessions and artwork, and how they correlated to the corresponding research of the effects of DV and IPV.

Results

Presentation of Data

The YWCA of Glendale provides group and individual therapeutic services, emergency shelter, support services, legal assistance, education, and outreach for women and children who have experienced domestic violence. The primary investigator was the art therapist facilitating the groups. The groups at the YWCA are offered for a total of twelve weeks. After the twelve weeks of the group cycle end, new groups are formed and offered again after a 2-week interim. The art therapy group is not mandatory and is an open group, thus it is typical for attendance to fluctuate and to have varied group members weekly. This group was intended for women who have experienced domestic and intimate partner violence. The participants were clients who were seeking treatment at the YWCA in Glendale for both group and individual therapy services.

There were two participants included in this study.

For each group session, the primary investigator introduced a topic and art directive. There were various art materials available for each session, and the materials did not vary group by group. After the art was completed, participants were given the opportunity to share about their artwork. This opportunity was optional and there were sessions in which clients did not choose to verbally participate.

Participants.

There were seven total members of the group, although attendance of the group members for each week varied. This research included details for two individuals, who were the most consistent in the groups attendance and participation. For the purpose of this research, the participants will be identified under the pseudonyms Carla and Selah.

Carla.

Carla is a 47-year-old Hispanic and Caucasian bisexual female. She was referred to the YWCA by an outside source from a welfare office, and contacted the YWCA voluntarily to attain individual and group therapy services for “suppressed and unresolved” issues from her history of domestic violence. She has a history of physical and emotional abuse from her mother, and experiences of physical and emotional intimate partner violence from her husband. Carla’s mother has passed away years prior, and she has not seen or communicated with her ex-husband in 13 years. The last encounter that she had with her husband was when he set her house on fire, thinking she was inside. She is currently seeking treatment to “be free and overcome” the trauma of her past abuse. Carla has a diagnosis of PTSD which inhibits her participation in social activities with others and frequently keeps her from going out in public alone. She fears that her husband will still try to come back and hurt her, which directly inhibits her ability to be socially active and go out in public spaces unaccompanied by someone she trusts. Carla has reported issues of not being able to connect to others, due to a lack of trust, and fear of abandonment. After 13 years of living with symptoms of her trauma, Carla has started seeking individual and group psychotherapy treatment. She states that she wouldn’t be here if it wasn’t for the lady at the welfare office convincing her to get help.”

Selah.

Selah is a 34-year-old heterosexual Hispanic female who was referred to the agency by the department of public social services (DPSS). Selah has reported that she experienced multiple forms of abuse from both of her past two partners, and was with her last partner for three years, until she ended the relationship within the last year. Her last partner was simultaneously sexually abusive to her 13-year-old daughter. She is currently living with her three children and her mother and sister. Selah reports feelings of guilt due to sexual abuse of her

daughter by her ex-partner and a hope to “heal and move forward” for herself as well as her children. Selah reports that she identifies strongly with the Christian church and finds hope and comfort in her religion and church. She continuously reports feelings of guilt for letting her children be exposed to abuse, but has established a continuously hopeful narrative that she exemplifies consistently throughout the group sessions.

Session 1.

This was the first session of the group cycle. The art therapist introduced herself to the group and talked about the definition of art therapy and how it would be utilized through the confines of this group. Then she directed the conversation back to the group to ensure clarity about what the group was for. Although it was normal for the clients to know each other from other groups, it was exhibited that very few of the clients in the art therapy group were familiar with the other women. The art therapist utilized the first group art therapy session to create a safe space for the group members to discuss vulnerable topics. Accordingly, the first directive was given for the group members to become more acquainted with each other and to identify client driven goals. The directive for the first group was to create “Art about yourself and the goals you want to accomplish in the group.” There were many questions about the art materials from a few of the clients, verifying the directive and the options they had with materials for the artwork.

The session included the group introductions to each other as well as to the PI. The group consisted of women who had just left their abusive relationship, as well as women who have been free from abusive relationships for years but are still grappling with the repercussions and symptoms of their traumatic experiences. Despite the many stages of experiences with DV and IPV, the group discussed many aspects of their experiences that held many similarities. This session had the least verbalization of emotions and experiences in the artwork. Many of the

group members expressed feelings of self-doubt and uncertainty of themselves and their hopes for healing. Several group members verbalized feelings of mistrust of their ability in be able to trust others in their future relationships.

Selah.

Selah chose to create her art mainly with collage materials, and a small portion with pencil. At the top of the page she included the words “The narcissist” next to the text she included an image of someone with their mouth open and arms in the air (*Figure 1a*). She expressed that both images were a depiction of her abuser. Selah stated that she blamed him for putting her in the situation that she is in, and added the text and imagery stating, “no more” to depict the moment that she decided that she is no longer accepting the way that he treated her and her daughter. She included the texts, “Keep moving it doesn’t have to hurt,” “What are you afraid of,” “Stop worrying now” and “Humor allows you to get your spiritual deposit back from tragedy, betrayal, loss and fear.” Selah voiced that her fears are mainly related to her daughter. She stated that the image of the family, and the young girl depicted were representative of her daughter and her longing for healing in their family. She included two images of hearts that stated, “my girl” and “I love you.” Selah described her worries about her daughter in detail and discussed the effect that DV has had on her and her daughter, specifically relating to their trauma in their family of origin.

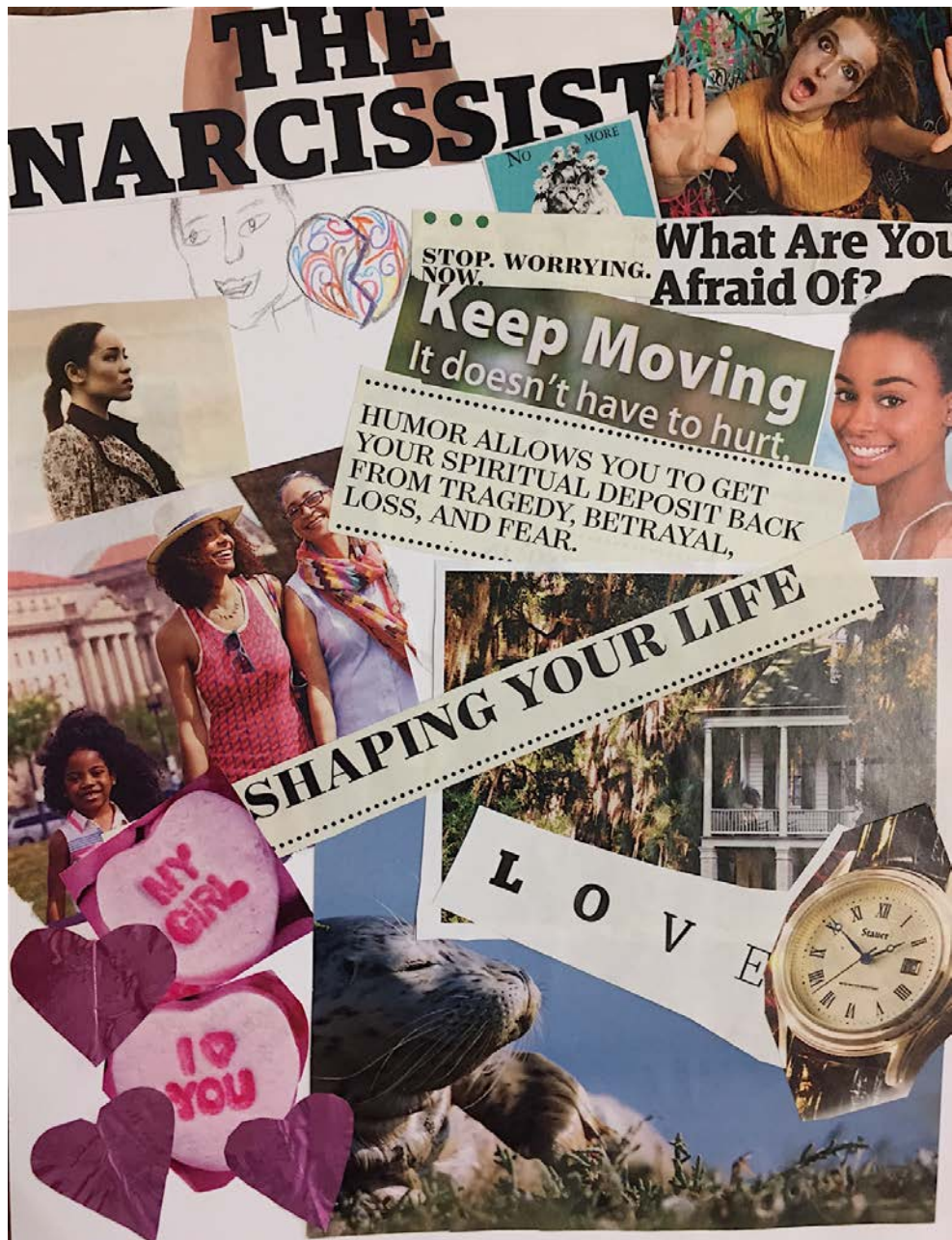


Figure 1a. Selah

Carla.

Carla created her art solely with collage materials. She included the words “freedom train” centered and large scale, right at the top of her image (*Figure 1b*). She indicated that this was the main goal that she was anticipating in therapy. Carla discussed the ways in which the trauma of her experience with DV continues to affect her daily life. She indicated a difficulty of

completing daily tasks of living due to her fears. She said that she feared going out in public because she might see her abuser again. She also verbalized feeling fearful of new relationships of any kind, for fear of abandonment and being hurt. Carla stated that she was hopeful that coming to individual and group therapy sessions would help her to rid herself of these feelings. She stated, “I just want to move on” and “I’m ready to stop carrying these feelings with me.” Carla discussed the images of a couple getting married, a couple standing side by side looking at each other, and a child with a stuffed lion. She stated that these images were a symbol of what she thought the rest of her life was going to look like, being married to the same man for the rest of her life, and growing up with her kids. She verbalized feelings of not knowing how to continue in this stage of her life where that was no longer an option. Carla verbalized that she still felt like she was mourning the loss of her relationship with her husband and “who he used to be, before the abuse.”

Carla continued to talk about the words “what comes next and how do we handle it” that were displayed in her imagery. She connected the words with the image of two hands holding a flower, with the leaves falling to the ground. She talked about not knowing what comes next now that the changes of not being with her husband have occurred. She affirmed that the flower was symbolic of the memories that she kept of her life with her husband. She stated that the flower represented growth, beauty, and fragile memories that are slowly falling away. She continued to discuss the text “we all have the power to heal” that was on the artwork and said that although she has not been in treatment for long, she sees the growth that has been exhibited by the other group members and it gives her hope that one day she may be able to be in a place of healing, and be less affected by her traumatic experience than she is now. Carla stated that the text “marking the moment” was about her struggle to stay present. She said she believed that she is

still caught up in thoughts of the past as well as her fear of the future. She stated that this is the moment where she has decided to heal and move on, and to leave the past and fear of the future behind.



Figure 1b. Carla

Session 2

This session had lower attendance than the first session the previous week. The group members were quiet for most of the group, until they had completed the art directive and the art therapist opened the space for discussion of the art. The art directive that was introduced to the group was: "What does healing look like to you." The intent of the directive was to support the group members in individually creating specific goals. The art therapist concurrently utilized the directive in terms of assessment, to understand what the participants were looking to accomplish

throughout the group. The directive served to identify similarities and differences between what each group member was anticipating achieving. This group members considered the directive for a few minutes before beginning to create the art. After the artwork was created the members verbally identified healing as directly correlated to the absence of pain and negative feelings associated with their abuser. There was a brief discussion with a few of the clients who identified that this was their main goal in healing.

Selah

Selah was not present for this group session.

Carla.

Carla created imagery out of collage materials and markers (*Figure 2a*). At the top of the image were the words “It’s not always who you think.” She stated that to her, these words were representative of the way that she felt about her relationship and how blindsided she felt when the abuse started to happen in her relationship. The image also consisted the text “Freedom is to be able to be you, no excuses” she talked about her coming out process to her family, and how much it would mean to her healing process if she would be able to talk to them genuinely about herself and her experience. She continued to talk about the hearts in her imagery relating to her current same sex partner, and how she wishes she could be honest about this relationship with her family. Carla verbalized that harmony and peace in her life are something that she is hoping to find in her healing, alongside being free from her past, as she wrote in her imagery. She talked about how she believed that the thoughts from her past are what keep her from harmony and peace. At the bottom of the image, Carla added the text “It’s easiest to bounce back from adversity when you’re doing meaningful work.” She added that this reminded her of the work that she is doing in the group and in her individual therapy sessions, and how meaningful she has

already found it to be. Carla concluded that the image of the plant was connected to the words “to grow,” which she said was indicative of healing. She added that she had begun to see this in the way she was making decisions in her personal life despite her fears and mistrust.

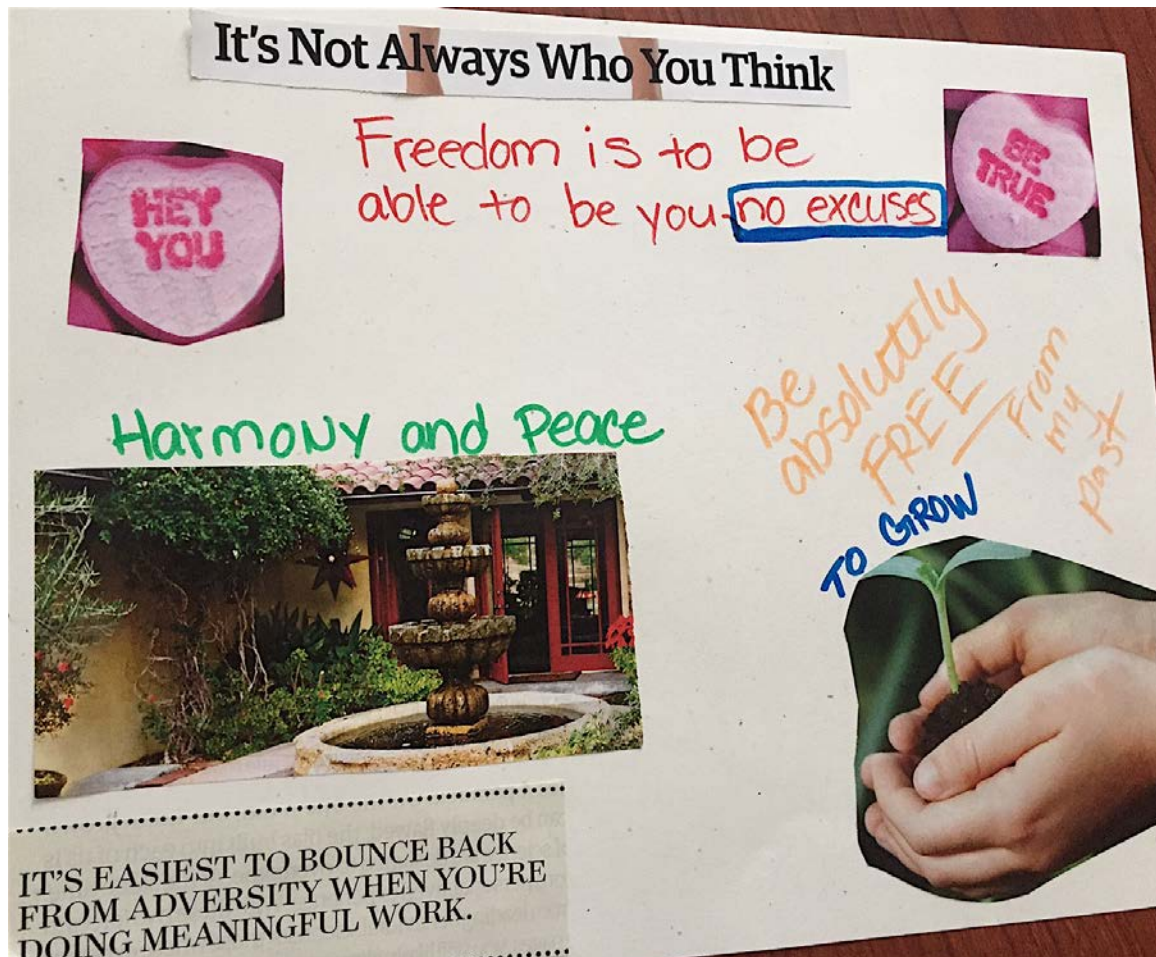


Figure 2a. Carla

Session 3

The general mood this week was overall depressed. The group members verbalized the struggles that they were having trying to complete everything that they had to accomplish. Many the group members are single mothers, some of which are still currently involved in the process of trying to seek custody from their previous partners. By this session, the group was starting to establish the group norms. The clients have seemed to form a connectivity to each other. They

have developed a sense of respect and trust in the group that is evidenced in the way that they allow each person the space to speak, and allow for vulnerability in their discussion. There were words of encouragement exchanged between the group members who have previously gone through legalities of separation, divorce, and custody, and validation of the feelings of anxiety that some of the group members addressed.

The directive that the art therapist introduced for this session was to “create art that identifies your strengths and internal resources.” The directive was meant to allow space for the group members to identify their strengths and to encourage positive self-esteem and empower personal narratives. The group members hesitated, seemingly considering the directive, and then started worked silently and diligently for the first part of the group. For the second part of the group, the art therapist asked the clients what it was like to create art based on the given directive. The clients verbalized their hesitance of making the art. Carla discussed the difficulty of the art making process. She stated that by due nature of habit, she is often more likely to consider her weaknesses, and in being asked to consider her strengths, she found that she was struggling to identify what she thinks they are. Selah stated her strengths of being a good mother, and being able to be strong for her children.

Selah.

Selah created an image that coincided with the art directive that was stated in the beginning of the group. She finished the first art, and specified that she prefers it not to be photographed. She worked on the second image of the group, and stated that she was comfortable with the second one being photographed instead (*Figure 3a*). This session, Selah talked about how she was considering getting back together with her with a previous partner. Selah discussed the fears associated with the possibility of starting a new relationship, the desire

to foster more supportive relationships. She created an image of Jack and Sally from the Disney film “The Nightmare Before Christmas.” She included two hearts above the character’s heads and the text “I am with you in the darkest times.” Selah talked about longing to have someone who was a support for her while she is dealing with so much from her DV relationship. She talked about how her mother and sister at home did not feel like a support system for her. Selah verbalized her discouragement about the way that she is treated inside her home. She said that her mother was consistently accusing her of “not being a good mother” and not being fully available for her children. Selah discussed the guilt and entrapment that she connected to these words and experiences.



Figure 3a. Selah

Carla.

Carla articulated that she had completed a self-portrait of herself for this directive. She called this portrait her “Inner warrior” (*Figure 3b*). Carla indicated that her inner strengths amounted to everything that this inner warrior encompasses and that she feels that all her experience has led her to be able to continuously fight the effects of her experience. Carla stated that the rest of the group and their experiences had helped her to realize the strengths that she has developed through her experience. She talked about the love from her family being a source of strength and social support for her. Carla talked about how her sons were consistently encouraging her and reminding her of the strengths that she has. She drew an image of a hand holding an object with the text “giving” written above the palm of the outstretched hand. She then referenced that she finds her compassion and tendency to be a giving person despite her experience as a strength. She talked about the way that she is still involved in organizations as a volunteer, and how passionate she is about helping others.

Carla referenced that she has just recently taken up the courage to sell items on eBay to make extra money. She talked about feelings of inadequacy that kept her from starting her business on eBay, and feeling like “nobody will want what I have.” Carla decided that this was a maladaptive thought process, and has since started working on her business despite her fear of rejection. She noted that doing what she would like to do despite her fears was a strength for her, and she had only begun identifying this strength. Carla drew a small stick figure in the right bottom corner of her paper with the text “going up” and “determination” written next to it, and an arrow pointing up. She stated that this was also a depiction of herself climbing a mountain, and that although it seemed difficult and tiring, that she was doing it anyways. She discussed the

recent decision that affected her determination in her “journey of healing” and that she foresaw things getting better with time.



Figure 3b. Carla

Session 4

For this session, the art therapist wanted to continue with the narrative of growth that had been discussed the previous week. The group members verbalized in the previous week how helpful the positive narrative of strengths was for the rest of the week. The directive of this week was “If your strengths were a seed, how would you nurture them and let them grow?” The intention of the directive was to build upon the identification of strengths and distinguish the thoughts, decisions, and people that help the clients to nurture their strengths. The art therapist

wanted to pinpoint specific goals and skills, whilst maintaining a hopeful narrative. The hopeful narrative was described by the clients as being one of the most useful parts about the group therapy so the art therapist continued to build upon that narrative for the remainder of the sessions in the group cycle.

The clients discussed what the directive may mean for each of them personally. They talked about the things and people in their lives that encourage them in their healing process and are present for them when they cannot be strong for themselves. Some of the group members stated not having a social support system and that in most circumstances, especially during their healing process, that they felt alone in their healing process. A few of the group members also agreed that the art therapy group itself was one of the hours throughout the week that they felt comfortable verbalizing their thoughts and feelings openly. They noted that being in the group was a good place for them to remember and nurture their strengths.

Selah.

Selah created an image using yarn, sequins, beads and oil pastels (*Figure 4a*). She created the tree top in the shape of a heart, which she stated was representative of the love of her children and family that were the main people that she felt nurtured her strength. She verbalized that needing to protect her children from her abuser was one of her biggest motivators and a place in which she found strength. Selah talked about using the reflective materials and how they represented fruits of life. She said that sometimes you get fruits like lemons, and it seems like life has handed you something sour, but it is important to use the lemons and make them in to something good. She referenced the saying “If life gives you lemons, make lemonade.” She said that on her tree she had also included other fruits that were available. Selah stated that it is important to notice the other types of fruits on the tree. She said that being aware of different

perspectives, keeping an open mind, and fighting for her children is what motivated her strengths.



Figure 4a. Selah

Carla.

Carla stated that her family is one of the main sources of nurturing that she gets. She continued to tell stories about how her oldest son provided encouragement for her when she was struggling with self-doubt. She considers her children to be a positive thing that came out of her relationship with her ex-husband and she referred to them multiple times throughout the session.

Carla used colored pencils for her imagery in this session. She drew a picture of a boy, sitting in a tree, which she indicated was her son (*Figure 4b*). On the tree, she also drew images of a book, music note, and a flower. She said that these items were representative of the things that she would do to take care of herself and her stress, to have the energy to be strong. Carla noted that the book was indicative of her love of reading, the music note represented her love of music, and the flower was representative of her love of hiking and nature. She drew a picture of ballet shoes, which she said reminded her of her daughter. Finally, Carla included an image of a yellow star on the top of her tree which had the words “Believe, hope, and dream” written inside of it. She said that holding on to the positive aspects of her situation was necessary in being able to nurture her strengths.

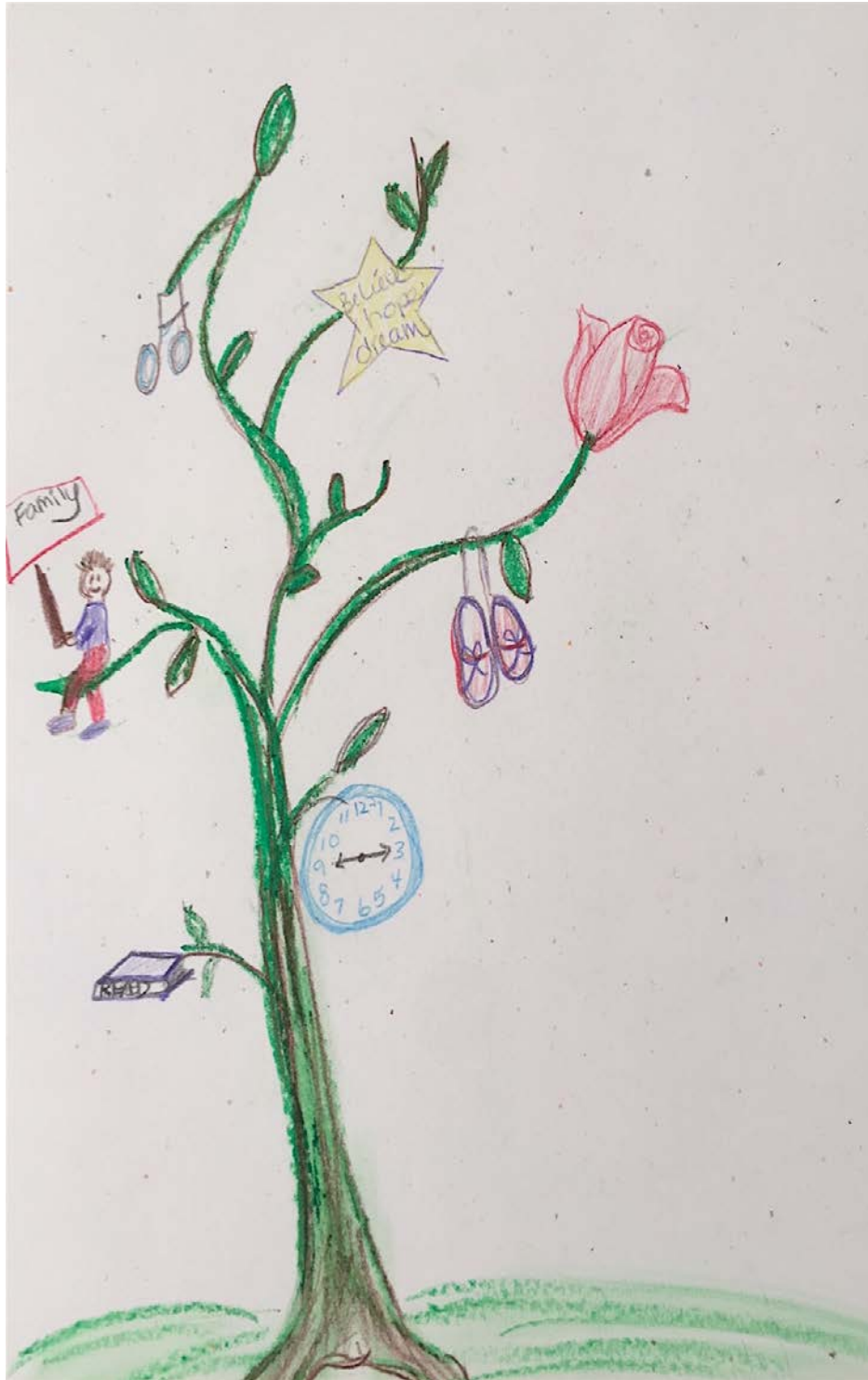


Figure 4b. Carla

Session 5

Building on the directive from the previous session, the art therapist continued again with the narrative of growth for the group. This session's directive was meant to encourage the clients to consider positive changes and the idea of things and people serving a purpose for a time and a season. It was meant to incite conversation within the group members about the temporary nature of time, feelings, and circumstances, and challenge them to take ownership of the ideas and efforts that they lend their time to. The directive for this group session was: create art envisioning yourself as a tree; consider the ideas, aspects of your life that you would like to keep and that ground you, as the roots, and the ideas and aspects of your life that you would like to let go of, or that no longer serve you, as the leaves. The art therapist asked the group to even consider the things that used to serve them, and think about if those needs are still valid, or have they grown in a way that they don't need them anymore.

The group members took a few minutes to consider the directive and talked about how it applied to them personally. They discussed as a group some of the people and ways of coping that they had been utilizing up until this point, and how some of those things are no longer helpful to them. One of the group members brought up how this related to the fears that she was still holding relating to her last relationship. She discussed how these fears were no longer valid because her abuser was no longer in her life, and it had been years since the last time she saw him. Another group member talked about how her fears were not serving her, in that they were holding her back from being able to move forward in attaining custody of her children. Fear was a big topic of discussion throughout this session. The clients also echoed each other's thoughts in letting go of past expectations for themselves and their lives, and letting go of guilt, and feelings that they took from their abusers and carried long after their abuser was not in their life.

Selah.

Selah expressed that she prefers to think of herself as a flower, and began to draw two flowers next to each other on her paper (*Figure 5a*). Selah voiced that the rose on the left of the paper was representative of her daughter, and the rose on the right was a portrait of herself. She specified that the butterfly drawn on top right corner was an indicator of growth, change, and freedom. Selah articulated that she enjoyed butterflies because, although they spent time seemingly trapped into a cocoon, they eventually emerge again, as a new creature. She discussed the visualization of butterfly wings, and how they symbolize mobility and change. Selah contemplated out loud about how the drawing of the butterfly also represented her hopes for her daughter and the hopes that she had for her healing. She talked about wanting to let go of the negative experiences that had occurred for them and moving on to a more positive future.

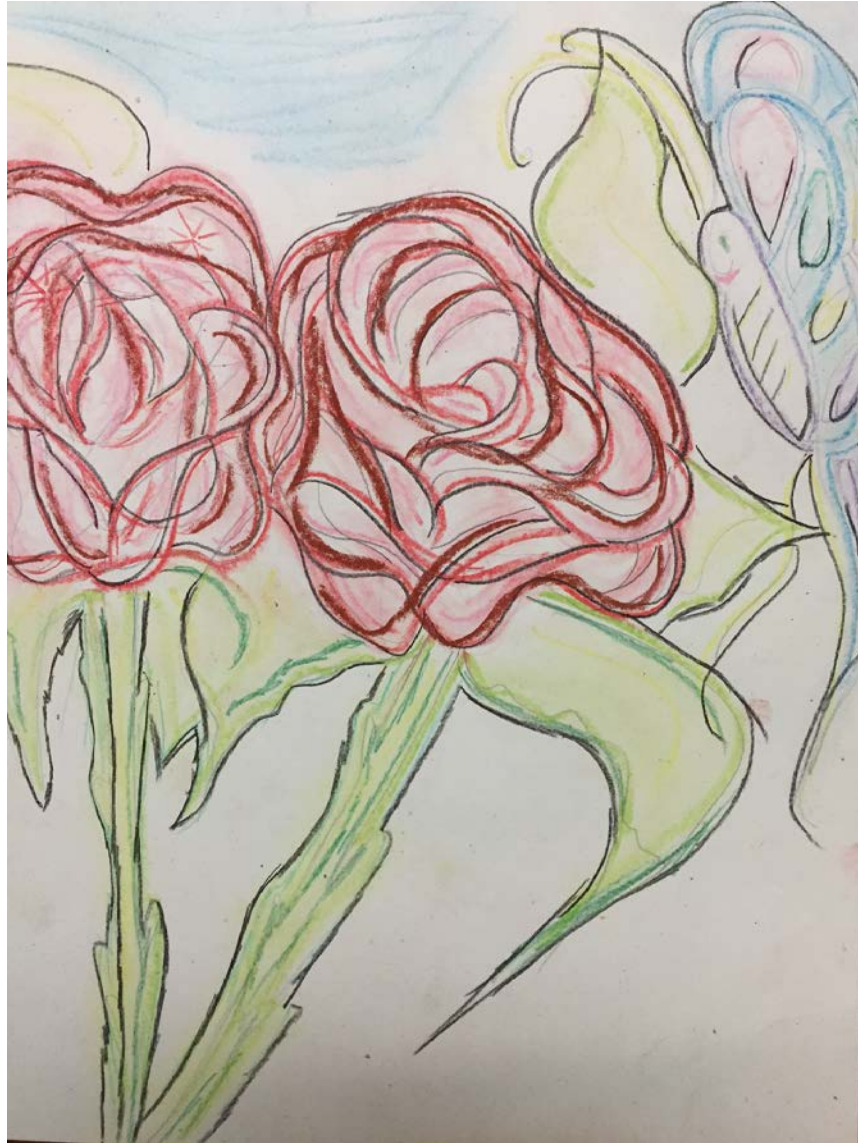


Figure 5a. Selah

Carla.

Carla utilized colored pencils for her art in this session. She created an image of a tree with three stems and four roots, alongside three flowers growing next to the tree (*Figure 5b*). Carla first talked about the three flowers that she drew to the right of the tree. She said that each flower represented one of her three children. Carla talked about how she added them separately from the tree to symbolize that they are getting older, and consequently growing to be individuals separate from herself. She said that this notion has been very hard for her recently as

she wants to take care of them, but she is learning to accept the reality as they grow older and make their own life decisions. Secondly, Carla discussed the roots and their meaning. She wrote the words family, God, Inner strength, dreams, hopes, and future on the roots, and talked about how much these things have developed more recently in her life; Carla identified the positive changes that have occurred and how these things listed have given her strength. She talked about how the individuals in the group have helped to foster her inner strength and give her hope for healing in the future through their support, empathy and insight.

Carla included falling leaves in her drawing. They had words written on them such as: Me blame, insecurity, past go, and sadness. She identified that she believes that these are all connected to her past abuse from her mother and from her husband, and that healing from this part of the past is connected to these ideas as well. There were leaves in her drawing that were still connected to the tree branches that were labeled as: Love me more, love, move on, positive, job, grow, healthier, acceptance of me, and school. Carla acknowledged these items as they connected to her abusers, and how her trauma has affected her ability to recognize these items. She understood that these were ideas that she would like to focus on, but stated that she feels unable to do so while she still holds on to her past.



Figure 5b. Carla

Session 6

This session was the second to last session of the group cycle. Because of this, the art therapist focused the art directive on the contemplation of termination and moving forward from the group. The directive of the group was to create artwork that was representative of what each member is going to take with them from the group, in furthering their healing processes. The objective was to encourage the members to think about the topics we had addressed throughout the group and to think about the things that were helpful to them in their healing process. The group members briefly talked about how sad they were that the group was coming to an end. They discussed how much the group has meant to them, and how much they have learned through this group, alongside the other groups that were offered at the YWCA. A few of the clients verbalized feelings about how dark their lives seemed to them before, and how much brighter their stories feel after being in a group of people that understand their stories.

Selah.

Selah used collage materials of a desert storm, which she related to the difficulties she is currently experiencing in healing (*Figure 6a*). She included the words: scared, helpless, unsecured, alone, beaten, and Darkness. Selah indicated that these words are representative of the emotions that she would like to keep in the past. She included a woman wearing a futuristic head piece on which she wrote “new future outcomes” and “get strong.” She stated that the image represents her need to meditate and focus on achieving her goals. Selah included an image of a smiling woman that was indicative of a new version of herself, as she is working towards achieving her goal of education. She included a drawn image of a sun, underneath she had the words “so good,” “get strong for my kids” and “God has the power and the glory.” Selah stated that her children are her motivation for healing and moving forward. She further stated that she is

hopeful for a future of healing not only for herself, but also for her daughter. Selah verbalized that she heavily relates her identity to that of being a mother. She stated multiple times that one of the most important reasons for her seeking help was to be able to be a better example for her daughter, and to help her daughter heal from her recent sexual abuse.



Figure 6a. Selah

Carla.

Carla used collage materials for most of her imagery. The texts included were “New,” “Choice” and “Goals” (*Figure 6b*). She also included a small text in the top right corner that said, “You belong.” Carla stated that she had found strength coming to the current art therapy groups, alongside other groups that are offered at the YWCA. She stated that for a long time after her DV experience she felt ostracized and alone in her emotions and experiences, and recalled difficulty building trust in new relationships. Carla said that ever since she made the choice to attend groups she felt like she belonged somewhere again, and that she has new goals and hopes for the future. She verbalized feelings of safety within the group; that she rarely had experienced outside the group. Carla discussed feelings of isolation from her family and friends due to past experiences. She included a picture of a lion and a picture of a woman with her hands on her hips, which she said were both indicative of new strengths. She included imagery of a person looking through a camera lens, and stated that she has learned to have a new perspective on her life and her experiences and that she feels that she can see things more clearly. Carla identified the heart imagery as symbols of hope for healing for herself and her strength to continue to continue contributing good into the world, despite her negative experiences. She identified the flag with a “v” written on it as a symbol of victory in healing from her past trauma.

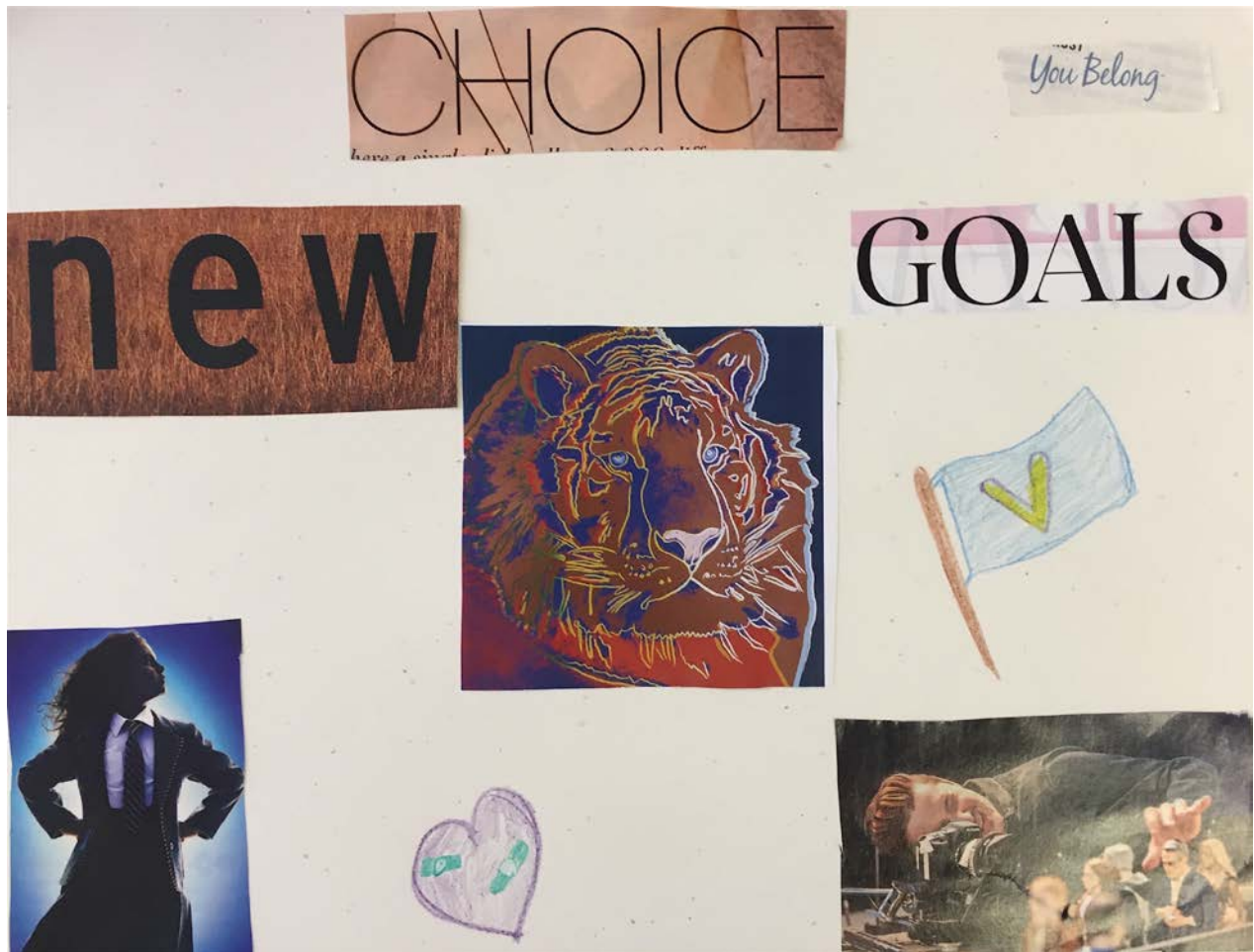


Figure 6b. Carla

Session 7

The session started with the art therapist reminding the group what this would be the last session of the cycle. Many of the clients verbalized their feelings of sadness that the group was ending. Some expressed how insightful and helpful it has been to be a part of a group with others who understood their experiences. One client expressed that the group has helped her to know that “she wasn’t crazy” and many others in the group verbalized their similar feelings of how this realization affected their confidence, self-image, and motivations. The group discussion included thoughts about how they were going to continue to find support and motivation after the group was over. The art therapist encouraged the group members to identify and reflect on the personal goals that they were also able to accomplish outside of the group space and how they could utilize those same strengths to continue healing outside the group.

The art therapist then discussed the topics that were previously mentioned in some of the groups and talked to the clients about considering what comes next for them in their journey after the termination of the group. The art directive given was to “create artwork about where you would like to be in the next two to three years, then write a letter to your future self.” The idea for this directive came from a narrative of focusing on the future, and continuing to grow after the art group was finished. It was also meant to assist the clients in further visualizing concrete goals for healing. The art was meant to be a transitional reminder of the growth they have already accomplished and the possibility of growth in the future. The intention of the directive was to serve as a reminder for the group members that all the work accomplished throughout the group was a product of their own doing.

Selah.

Selah created her artwork silently for most the group session. When the art therapist opened the space for the group to talk about their artwork, Selah was the first one to speak. She talked about how in three years she saw herself and her children healed and blossoming in a new part of their lives. She discussed how she is hopeful for healing for her and her daughter from all the trauma that they have experienced. Selah included her children's names enclosed in a heart and wrote "peaceful" next to it (*Figure 7a*). She stated that she was hopeful for a future home filled with peacefulness. On the inside of the card she wrote to herself about the future of her daughters. She talked about raising her children to follow god, and teaching them to be better people (*Figure 7b*). Selah talked about how in the future she would be living on her own, attaining her goals, being strong and beautiful, and making a difference.



Figure 7a. Selah

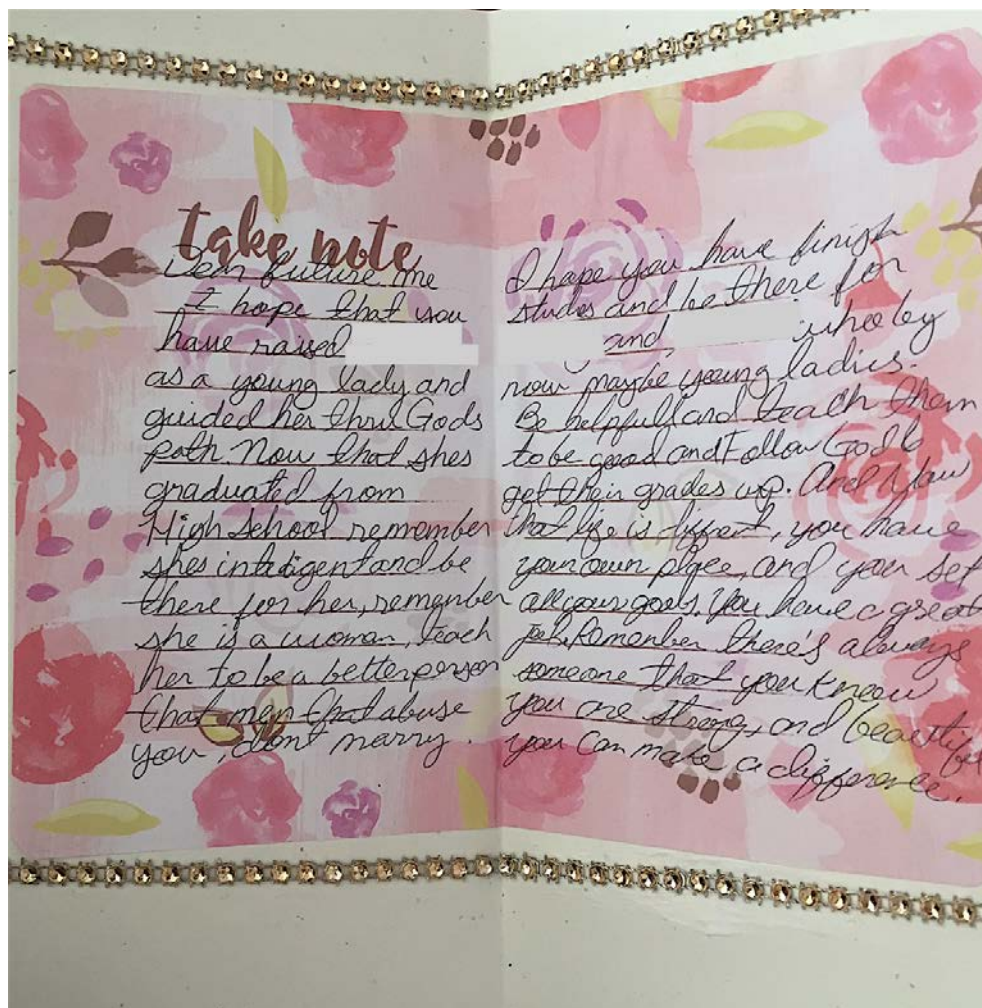


Figure 7b. Selah.

Carla.

Carla used patterned paper create imagery consisting of a heart and flowers. She used colored pencil to create the leaves, and stem of the flower and the butterfly (Figure 7c). On the inside of the card she wrote "I see a future me in a safe place, living with my partner, and family in our own home. Being happy. Moving on with my life and the past finally go" (Figure 7d). Carla talked about the hope that she had been given through the other women in the group to heal. She discussed the freedom in being able to discuss her experiences openly, and to feel like her experiences were validated and understood. She discussed her main goal in continuing to

process her experiences and create a loving and safe home free of fear for herself, her partner, and her family.



Figure 7c. Carla

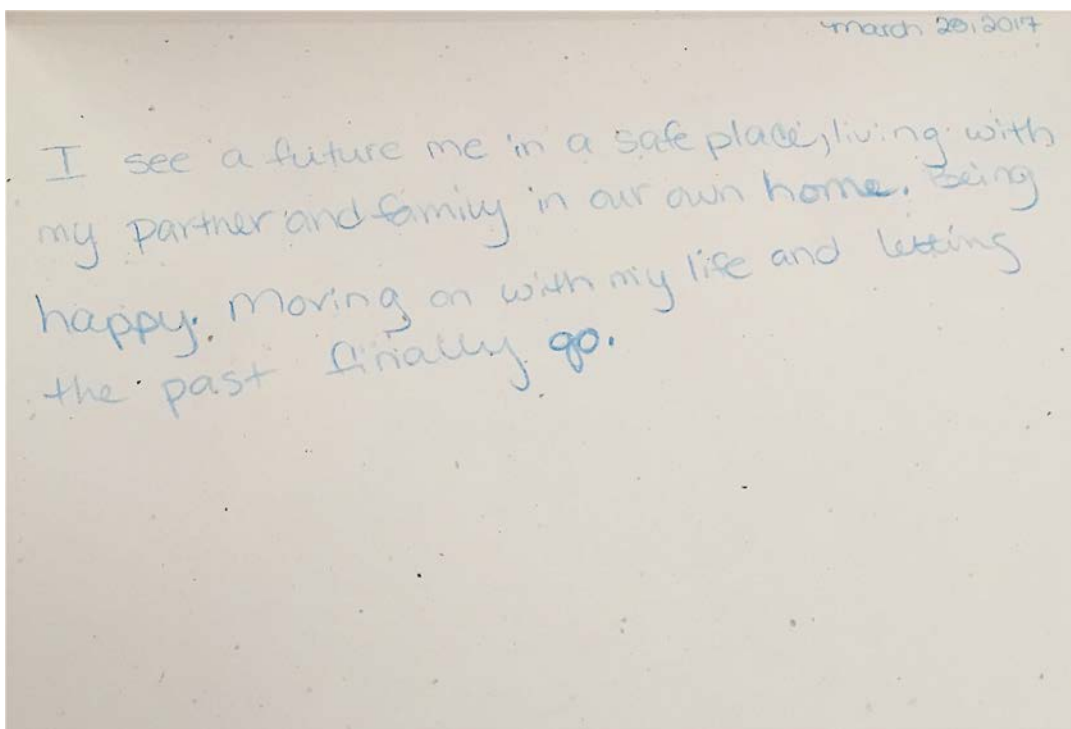


Figure 7d. Carla

Analysis of Data

The analysis of data consists of recurrent themes uncovered through the completed session artwork, alongside the textual descriptors verbalized throughout the group sessions. Each theme was cogitated and reflectively considered how they answered the study questions previously posited by the PI. Each participant's artwork was first analyzed primarily for emergent themes and again for themes relating to their initial art directive. Intercoder reliability was utilized to decrease researcher bias in the analysis of the artwork. The PI presented the visual data to the research group consisting of art therapy graduate students. The written research group responses were then gathered and utilized comparatively to the visual analysis of the PI. Themes emerging from the visual data of the artwork included: strength, growth, family/identity, and hope.

Themes

Family and Identity.

The theme of family was recurrent throughout the group sessions. Selah included imagery that she identified represents her family within her imagery in the first group session (*Figure 1a*). She emphasized the importance of her family children growing with her through her healing process, and discussed her fears of her trauma affecting her daughter. She included hearts in her imagery that read, "my girl" and "I love you" and an image of a younger woman that she said reminded her of her daughter. Selah expressed both fears of inhibiting her children's growth and pride about how proud she is of them. Similarly, Carla included imagery in her first image (*Figure 1b*) of images related to family. She included an image that represented her children, alongside images that represented her past with her husband. Carla expressed feelings of loss and mourning related to her unmet expectations in creating her family. She conveyed the

“letting go” of these unmet expectations and loss as integral to her healing process, which she indicated was represented in the text: “what comes next, and how do we handle it.”

Session 3 exemplified further connections to family, self and healing. Selah verbally expressed frustrations fear of the effects of trauma on her daughter, and simultaneously addressed her conundrum of finding support in another partner, and the possibility of a future serious relationship (*Figure 3a*). She symbolized her children in the imagery as the hearts depicted at the top of her artwork, and created what seems to be a new family unit by doing so. Selah seemingly correlated the attachment of family, to support and safety. The lack of substantial background seemed to convey this theme as central importance, particularly in this session. Correspondingly, Carla indicated the integral nature of family in her strengths in her imagery for session 3 (*Figure 3b*). She included a figure that she indicated was her “inner warrior” and next to the image she included the most vivid and opaque part of the imagery in the shape of a heart with “family” written in the middle of it. She verbalized her family as an integral part of validating and maintaining her strength. The heart with her family is placed outside of the body and seems to carry more weight in its opacity than the rest of the imagery.

Selah continued to speak to the importance of her family in session four in talking about her strengths as a seed. She created the top of the tree in the shape of a large heart, and stated that this shape was indicative of the love that she had for her children and her family (*Figure 4a*). Selah emphasized how her children are her biggest motivation for healing and moving forward in this new stage of her life. This image was introduced as a self-portrait, thus the size of the top of the tree and what it represents seemingly exhibits how much of herself is connected to her family. The tree being very large at the top with little support from the thin roots suggests an imbalance of the weight she is placing in her family. Equivalently, Carla included her family in

her artwork for this session. She drew a tree with sparse leaves and included an image of a boy holding a sign, and a pair of ballet shoes (*Figure 4b*). Carla specified that the boy was symbolic of her son, and the pair of ballet shoes for her daughter. Carla detailed that the items in the tree all represented what she needs to take care of herself and find strength. This symbolizes her necessity for her children and their encouragement for her to foster her strength and continue to grow.

Session 5 included imagery pertaining to family in the form of floral imagery. Selah created an image with two roses, she identified one rose as herself, and the other as her daughter (*Figure 5a*). The image seems indicative of the perceived relationship of the participant with her daughter or her need to be close to her currently due to recent trauma. The image suggested Selah reaching towards her daughter for support or attempting to be close to her due to her most recent trauma. The connectivity of Selah to her daughters was solidified in in her artwork in session 6 where she included the text “get strong for my kids” this is tied to the top of the image where she had the texts “alone” and “beaten.” This dichotomy is implicit in her asserting a need for social connectivity with her daughter in healing. Selah’s identity in the success of her daughters is exemplified further in session 7 (*Figure 7a & Figure 7b*); Where her daughter’s names fill the bottom half of the page and Selah has concentrated most of the letter to her daughters’ future.

Carla also included her children in the form of flowers for session 5. Her artwork depicted an image of herself as a tree (*Figure 5b*). Next to the root of the tree labelled “future” she drew three flowers and labeled each one with the names of her children. Although Carla reflected on her feelings of acceptance towards her children growing older, the artwork depicts her roots still holding on to the roots of her children, on the part of the imagery deliberated for

the things she would like to keep in her life. Carla continuously talked about the encouragement for healing she gets from her children, especially her oldest son (depicted as the flower closest to her tree).

Hope in Moving Forward.

Selah refers to moving forward several places in her artwork that invokes positivity towards the future. She includes the text “keep moving, it doesn’t have to hurt” and “shaping your life” which indicated the narrative she used to describe her future. These texts are alongside images of happiness and cohesion within a family system (*Figure 1a*). She refers to life experiences to fruit on a tree (*Figure 4a*) and uses the imagery of sequins identified as fruits to signify an analogy of keeping her positive perspective. Selah creates a dichotomy of her life previously compared to her presupposed future in session 6 (*Figure 6a*). She used the top of the paper to represent her fears, and an image of a storm to represent this time in her life. This indicated the storm temporary in nature. The storm is followed by an image of sunshine underneath it, which she credits to her future. Selah uses images of a smiling woman to represent herself as a new person, and signifies the strength that she is building through her DV experience.

In session 7, Selah creates an image of another seasonal aspect of nature, in the form of blooming flower. She uses the text “blossom” to indicate the nature of growth that she associated with her future (*Figure 7a*). Alongside the names of her family, she includes the texts “love” and “peace,” which symbolizes her hopes for her children and herself within their family. Selah includes sparkling materials, which indicate beauty and new growth. Selah exemplifies her hopeful narrative in the written letter to herself in session 7 (*Figure 7b*). She uses the letter as a

reminder to herself that she is a strong and beautiful person, and that she can make a difference. This denotes her hope for her future self and attributes to her overall self-esteem.

Carla exhibits positive hope for the future, throughout various art pieces despite voicing her apprehension about what comes next. She used the text “we all have the power to heal” from the first group session, to demonstrate her hope for her future healing (*Figure 1b*). She used a flower to symbolize future growth at the center of her imagery. Carla symbolizes hope in her ability to grow, and find harmony and peace as is represented in her artwork in session 2 (*Figure 2a*). She uses the text “It’s easiest to bounce back from adversity when you’re doing meaningful work” to indicate her hopeful narrative of her future. In session 3 (*Figure 3b*), Carla presents awareness of difficulty in her healing process through creating an image of a figure walking up a hill, the figure is indicative of a hopeful narrative in the smile on their face with the text “determination” presented above their head. Carla identifies a flag with a “v” written on it in yellow, which symbolizes victory, in her artwork for session 6 (*Figure 6b*). She includes an image of a lion, which symbolizes strength. Carla includes “you belong” which is indicative of her feelings of her feelings of being understood by others, alongside “choice” “new” and “goals” in very large text which indicate power and positivity, this imagery is like the image of a female standing in a power stance. Finally, Carla articulates a hopeful narrative, in the letter written to her future self, where she identifies seeing herself in a safe place with her partner and family, able to “let go,” “move on” and “be happy.”

Support and Connection.

Support and connection was thematically emphasized not only in the artwork throughout the group sessions, but correspondingly within the way that the group members related to each other throughout the session cycle. Carla created artwork in session 2, that represents aspects of

support and connection that she has articulated a longing for. The artwork features no human figures, with the exception a single pair of hands holding a small budding plant, this appeared to symbolize her feelings of seclusion in her social support system thus far (*Figure 2a*). The text “Freedom is to be able to be you-no excuses” symbolizes her isolation in her family, due to having to hide the abuse from her mother and husband, as well as her sexuality. In feelings inhibited in being able to live authentically within her family or origin, and received minimal social support from them. The text “be true” also is symbolic of her apprehension of further connecting with her family and with others. She concurrently communicated her fears and how this directly hinders her ability to connect in new social relationships.

Selah considered her longing for support and connection in session 3. She created in image of the characters Jack and Sally from “The Nightmare Before Christmas (*Figure 3a*).” Selah verbalized feelings of confusion and wanting to have a significant other in her life to help her through her current difficulties. She talked about the necessity of having a man to help raise children and be present for support. The artwork seems to symbolize Selah’s hope for support in a relationship and connection to another human being. The rough line quality seemingly suggests anxiety in her decision to form a new relationship. She verbalized this predicament to the rest of the group. Selah additionally illustrated her endeavor for connection through her relationship with her daughter, as illustrated in *Figure 5a*. The two roses rendered in this image are drawn almost intertwined at the bottom of the stems, and at the flower petals. The two structures are can almost be one flower visually, and at some points it is difficult to see where one rose ends, and another begins. The visually quality of the flowers may represent the longing for connection with her daughter, or an attempt to develop a close connection due to recent trauma. The

butterfly seems to represent metamorphosis, and the Selah's belief of positive change in her life without DV.

Freedom.

Carla verbalized and visualized the concept of freedom within the first session of the cycle. The first art piece she created in the group featured the text "Freedom train" in the top middle of the paper (*Figure 1b*). Throughout this session, she verbalized feelings of being "stuck in the past" and indicated that for her, freedom mirrors her healing process of letting go of her former partner and life. Her artwork featured images of her unmet expectation of her marriage and family. The artwork indicated feelings of being confined in her memories of the past, and a need for accepting that her partner was no longer the man she used to know, and her life varies greatly from her expectations. The artwork paralleled her articulated feelings of freeing herself by focusing on the present. The artwork seemed to express an acceptance and intent to let go of her memories. This notion was represented by the flower being held in the imagery with its petals falling off.

Carla continued her visual and verbal narrative of freedom as seen in the second session of the group. Her artwork in session 2 included the text "Freedom is to be able to be you-no excuses" and "Be absolutely free from my past" (*Figure 2a*). The imagery associates the idea of freedom with harmony, peace and growth as is portrayed in the imagery. Carla indicated that being immobilized in the past is what incited her feelings of fear, anxiety and guilt. She connected the freedom of being herself with her identity and inability to be forthright with her sexuality and experience with her family of origin. The art may have indicated Carla wanting to be open about her experience and identity and recognizing this honesty as a necessity in her

absolution. This would parallel Carla's verbal assertions of healing through being heard feeling like she belongs in the group.

Study Questions.

Through thorough consideration of the thematic elements of the art process, the following study questions were answered: 1) What were the ways that sustained exposure to domestic violence impacted survivors interpersonally? 2) In what ways does the impact of domestic violence develop over time? 3) How can art therapy make visible the long-term effects of domestic violence? 4) How did art therapy assist in the treatment of trauma for domestic violence survivors?

What were the ways that sustained exposure to domestic violence impacted survivors interpersonally?

The participants' artwork demonstrated symptoms of anxiety when reflecting on trauma associated with their sustained exposure to domestic violence. This was revealed in the swift, rough line work exhibited throughout the imagery and expressions of fears manifested by the mention of the participants' abuse experience. Selah referenced her fears associated with her abuser as represented in the texts "what are you afraid of" and "humor allows you to get your spiritual deposit back from tragedy, betrayal, loss, and fear" (*Figure 1a*). The text was directly placed underneath images that she identified as portraits of her abuser. These images included the text "the narcissist" which she identified as a description of her abuser. Selah's imagery expressed that fear and anxiety were correlated for her by using collage cutouts with texts stating, "stop worrying now" and "what are you afraid of."

The persistent narrative of fear is depicted in the artwork created by Selah in session 6 (*Figure 6a*). She uses collage materials to illustrate a desert thunderstorm and included written

text that read “scared, helpless, unsecured, alone, beaten” and “darkness.” Selah voiced that that the descriptions of fear portrayed in her artwork stem from continuous insecurity, loneliness and lack of support in interpersonal relationships. She verbalized that her fears are exacerbated by the possibility of her abuser proceeding with his previous threats to her physical safety. Carla parallels these fears in her imagery created in session 5 (*Figure 5b*). The image featured falling leaves, one of which is labeled “insecurity.” Carla expressed that the term is related to her self-esteem and guilt, but simultaneously is symbolic of her insecurity in public spaces. She stated that fear and anxiety of her abuser finding her and impeding on her physical safety has kept her from leaving the house alone for thirteen years, thus interfering with her interpersonal relationships. Carla further addresses this fear in session 6 (*Figure 6b*) when she uses the text “you belong” in her art to reference the anticipatory fears of attending the group and possibly forming interpersonal relationships with new people. She additionally mentions fears of vulnerability and pain in interpersonal relationships.

Both Selah and Carla articulated fears associated with support systems and family systems both verbally and through their art. Selah referred to her anxiety in session 4, while she created *Figure 4a*. She created a containing space for the items depicted on her tree, that were illustrative of her strengths and her support system. In this session, Selah verbally named her relationship with her daughter as a part of her support system. She expressed her fears of being able to protect both herself and her daughter from the trauma caused by their abuser. This sentiment is paralleled within the artwork. Selah used the yarn materials to create a containing space, and reflected her anxiety regarding her fears in background. This was evident in the fast and brash strokes surrounding the tree. This seemingly echoed Selah’s verbal sentiments of her

anxiety affecting her relationship with her family members and children because of her DV experience.

In what ways did the impact of domestic violence develop over time?

The impact of DV was evident in the development of maladaptive thought processes and behaviors visible in each group member. The participants voiced feelings of guilt, fear and anxiety that frequently dictated their decisions and self-esteem. Upon closer inspection of the cognitions associated with their feelings, the participants showed that their thoughts and behaviors were an internalization of psychologically abusive language and fear tactics utilized by their abusers. This seemingly resulted in an overall lack of both self-esteem and subjective self-identity. For example, in session 3, when the participants were asked to identify their strengths in the art, they verbalized an initial difficulty in identifying constructive internal resources. Both Carla and Selah stated that after being berated by their abusers for so long, they had become accustomed to unconsciously identifying with their weaknesses and rarely contemplating or acknowledging their strengths.

The artwork reflected a developed internalization of fear and generalized anxiety symptoms as related to interpersonal relationships and public spaces. This is illustrated in Selah's artwork in session 1. Selah correlates imagery consisting of fear narratives to an image symbolic of her abuser (*Figure 1a*). Correspondingly, in session 3 when discussing her artwork, Selah remarked that her experience with DV resulted in her tentativeness to form interpersonal relationships with a new partner due to fear and mistrust (*Figure 3a*). Carla perpetuated this narrative of fear, despite the substantial amount of time that had passed since her previous encounter with her abuser (thirteen years). Carla first referred to this fear in session 2 (*Figure 2a*) when she textually refers to wanting to be free of her past, and again in session 7 (*Figure 7d*)

where she indicated wanting to be in a safe space. Regardless of the years passed since her abuse, Carla's fears of seeing her abuser in public again impeded with her leaving her house alone, alongside forming trusting and healthy interpersonal relationships.

How can art therapy make visible the long-term effects of domestic violence?

The artwork served to cultivate attainable goals visually so that the group members could understand the areas that have been affected by their experience with DV and IPV. Several art pieces created throughout the group primarily aided in visualizing the symptoms of trauma, and served in processing trauma that the participants were not ready to verbalize. For example, Selah created art in session 3 and expressed that she was not ready to share it with the rest of the group members. She indicated that she also did not want the image photographed. Selah then swiftly moved on to the second piece that she created and was willing to share within the session (*Figure 3a*). This image was mainly representative of Selah's hope for a new burgeoning relationship. Selah's request to wait to process her first art piece from this group session indicated her hesitance to approach aspects of her trauma depicted in the art.

Art therapy was effective in aiding as a visual depiction of the participants' self-image, and identified their thoughts regarding strengths, weaknesses, and symptoms exhibited because of their previous experience with DV. For instance, Carla indicated that she utilized the art process to acknowledge and internalize her strengths in session 3 (*Figure 3b*). The pictorial representation of her strengths informed the art therapist and the rest of the art therapy group of her insights, and thus served formulate a clear understanding of Carla's intrapersonal awareness. This intrapersonal understanding was formulated in the art for each participant and served to normalize experiences and interrelated emotions within the group members. Furthermore, the art produced depictions of similarities between participant narratives and fostered a greater

understanding of parallels in experience with DV. For instance, the group members highlighted the externalization of fears in the imagery and its effect on both participants in their interpersonal relationships and ability to complete tasks associated with daily living.

How did art therapy assist in the treatment of trauma for domestic violence survivors?

The visualization of symptoms in the form of anxiety and fears was essential in the development of intrapersonal insight for each of the participants. The art made visible the aspects of DV that were previously internalized in the clients' everyday maladaptive thoughts and behaviors and provided a context for DV related psychosocial changes. Each art directive provided visual markers of similarity in narratives for the clients and assisted in normalizing their DV experiences. The normalization of DV experiences assisted the clients in reframing maladaptive cognitions related to their experiences of psychological abuse, and assisted in reconnecting the clients with their subjective self-identity. This was asserted in session 6, when the participants created artwork highlighting what they were taking with them after the final termination session. Carla exhibited the efficacy of normalizing thoughts and emotions within the group in her collage materials reading "you belong" (*Figure 6b*). The image additionally refers to effectiveness of illustrating and ascertaining attainable goals, followed by the visual identification of strengths in the art. Carla referred to the goals and interpersonal growth found in the group in this image. She used the collage piece of a man looking through a camera to express her positive changes in perception and drawing of a heart with Band-Aids to represent the healing she found in these changes (*Figure 6b*).

The art served as a transitional object for the participants in their healing. In session 3, in the visualization of strengths and the development of a strengths based narrative. Carla expressed

the innate value of utilizing the artwork as a reminder of recognized strengths and affirmations from the art therapy sessions. She stated that referring to the artwork at later dates facilitated in enabling her to proceed in the development of her employment, despite her fears and self-doubt. Additionally, the artwork session 7 served as a transitional object. The group members visualized a positive future oriented narrative, indicative of their hope for healing (*figures 7a, 7b, 7c, and 7d*). The participants used the artwork as a reminder to themselves of the shared insight and validation of their DV experience, starting from the group.

Findings

The intention of this research was to explore the long-term effects of DV through an art psychotherapy group with victims of DV. The study included two case studies that were utilized to uncover the long-term impact of DV through the lens of art therapy, and to cognize the fundamental value of the art therapy modality. The main objective was to ascertain further insight to the significance of art therapy in the healing processes of those who have experienced DV.

The study results indicated many long-term effects of DV psychologically, physically, emotionally, and economically. Murray (2007) determined that DV leaves women with additional social and financial disadvantages, alongside emotional insecurity, which is preventative in women leaving violent situations to seek asylum. DV additionally disrupts their sense of belonging by altering their understanding of spaces intended to provide emotional security (Murray 2007). Carla depicted this previously disrupted sense of belonging in *Figure 6b* when she utilized the text “you belong” to symbolize her recent restorative development of emotional security through the art therapy group. Rose (2015) expanded on Murray’s (2007) findings in asserting that IPV and violence against women is a crime perpetuated not only by

individual abusers, but institutionally. She stated that violence against women is “connected to normalized structures, institutions, policies, practices, and ideologies” (Rose, 2015, p. 32). Selah and Carla represented their fears perpetuated in part by the lack of support from policies and institutions in their failure to provide adequate support for women affected by DV (*Figure 1a, 6a & 7d*). Carla further illuminated this notion in her fear narrative of her abuser, who is still at large, after stalking her and committing arson with the intent to cause further cause bodily injury. These findings highlighted the imperative nature of the systemic and institutional barriers for women who are seeking help following DV.

Wilson et al.’s study (2017) reported the difficulty of attaining psychological services due to health, control of an abuser, and limited awareness of resources. The narratives of fear discussed by both participants were indicative of their difficulty attaining psychological services due to lack of awareness of DV related resources as well as manipulative fear of their abuser. Selah referred to this fear in *Figure 6a*; where she depicted her fear of her abuser, isolation and helplessness, which she verbalized were both perpetuated by the manipulative nature of her abuser. Carla revealed the difficulty of attaining services in part due to here unfamiliarity with available DV resources, this was evident in her first referral of resources given to her 13 years after her abuse experience, regardless of previous legal involvement in with her case of DV. Carla further demonstrated the difficulty in receiving psychological assistance due to fears originating from her abuser. This was evident in Carla’s fear of retribution from her abuser in inhibiting her from leaving her house alone for 13 years after her violent relationship.

Anyikwa (2016) explicated the effects of IPV in creating feelings of disempowerment, disconnection, and hopelessness in victims. These ideas were symbolized in Carla’s self-portrait as a tree (*Figure 5b*). She referred to the text “self-blame” “acceptance of me” “me blame” and

“sadness” she subsequently contextualized the words as repercussions of her experience with IPV. Carla stated that her self-esteem was interrelated to her struggles with the disempowerment because of the continuation of self-blame producing consistent guilt. Her feelings of guilt often caused exacerbated feelings of disconnection in relationships occurring after her abusive relationships. Hopelessness was often identified within the art therapy group members because of verbal manipulation of the abuser causing insecurity, negativity, and sadness. This was evident in the text in *Figure 5b*, where Carla identified these consequences of her abuse as aspects of herself that she would like to be liberated from.

Carla’s experience of complex trauma provided potential evidentiary support for the claims made in the research of Salcioglu et al.’s (2017) and Jaquier and Sullivan (2014). Jaquier and Sullivan (2014) found that cumulative experiences of trauma contribute to the impact of a victim’s presentation of post traumatic symptoms. Carla’s complex trauma originating from abuse in her family of origin, may have been a contributing factor to her significant post-traumatic stress symptoms after her secondary abusive relationship with her husband. These post traumatic stress symptoms resulted in her feelings of hyperarousal, and constant fear in leaving the house, 13 years after her last traumatic encounter with her abusive husband. Similarly, Salcioglu et al. (2017) addressed the feelings of fear that survivors deal with because of consistent experiences associated with a lack of safety. Carla directly referred to feelings of a lack of safety in *Figure 7d* where she addresses her hopes of feeling safe in the future.

A substantial finding conveyed during the art therapy group was the necessity of support systems throughout the healing process. Group members expressed that: Personal narratives that paralleled their DV relationships created a supportive therapeutic environment and served as a corrective interpersonal experience. The participants identified that the support and insight of

other group members facilitated in normalizing their DV experience. They maintained that in the group's therapeutic environment they could reflect on and reframe maladaptive thought processes developed since their abuse. Echoing the research of Montero et al. (2011), several women in the group recognized a difficulty processing their abuse with friends and family that were unfamiliar with DV. There were frequent mentions of victim blaming that occurred from the group's friends and family, and an overall lack of understanding of the social, financial, and psychological barriers that keep women in abusive relationships. The group members consistently asserted that the encouragement and normalizing experience of being in a group with other abused women played a significant part in their recovery process.

The use of art therapy proved to be particularly effective in assisting to process trauma and explore the way that trauma narratives had been internalized for each group member. The art allowed the participants to make the unconscious thoughts and behaviors conscious by way of imagery and symbolic meaning making. The participants indicated both visually and verbally that the art process was fundamental in regulating their emotions and assisting in the healing of DV related trauma. The visual therapeutic modality seemingly mirrored Gant et al.'s (2009) research by assisting in the restitution of the connectivity of the left and right brain hemispheres. This evidently helped the participants to reduce the fears of the trauma and triggers associated with the trauma. These findings were concurrently supported by the work of Hass-Cohen and Findlay (2009), whose research concedes the intrinsic value of repetitiously using art in a safe environment, repetitiously. Hass-Cohen and Findlay (2009) specify that art therapy can reduce the effects of fears associated with pain, trauma, and passive coping. Their research indicated that art making perpetuates pain reduction, and helps to regulate positive and negative emotions (Hass-Cohen & Findlay, 2009).

Conclusions

This study examined the long-term effects of DV in 7-session art therapy interventions with women who have experienced IPV. The qualitative study discovered that art therapy was fundamentally effective in assisting the clients to make visible the effects of domestic violence. Participants used art directives to explore thought processes, and behaviors associated with DV, and to generate intrapersonal awareness of the ways that DV has impacted their thoughts, behaviors, and interpersonal relationships. The women used the art to create an environment of self-awareness and insight, and utilized the group to encourage, normalize and validate each other. The art served as a form of containment for sensitive topics discussed in the group and externalized strength based narratives for the group members, serving to encourage the healing process.

Many victims of DV struggled with the development of autonomic fear responses related to their previous experience with violent relationships. The fear response can manifest in survivors of DV after the violence is gone and is exacerbated by feelings of helplessness, anxiety, and traumatic memories and triggers (Salcioglu et al. 2017). If the trauma triggers a fear response to a traumatic experience, hyper arousal and a consistent reliving of traumatic experiences may occur thus resulting in the development of PTSD related symptoms (Beck et al., 2016). The outcomes of the study reflected the research done by Hass-Cohen and Findlay (2009), in utilizing the art therapy processes to aid pain reduction and regulate positive and negative emotions associated with trauma experiences. The study utilized the practice of a safe environment, repetitiously, to reduce the effects connected to fear of pain, trauma, and passive coping to aid in the healing process of trauma (Hass Cohen et al, 2009).

Although the research findings may support the use of art therapy for DV survivors with a history of trauma, there were several notable limitations within the study. The sample size of participants was only inclusive of two individuals from the group. A larger sample size would be helpful in further determining more generalized findings within the study. The interval of the study was restrained to 12-weeks, and only utilized data from 7 art therapy sessions throughout the group cycle. In future studies, the effectiveness of the research may increase with a greater number of sessions. The longer amount of sessions may be more useful in determining the developments in symptom reduction, and healing for victims of DV. Lastly, all research was gathered by the PI who was also the art therapist and facilitator for the group sessions, consequently, there may be subjectivity within the study.

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Appendices

Appendix A

LOYOLA MARYMOUNT UNIVERSITY Informed Consent Form

Date of Preparation 11.14.16

Loyola Marymount University

Exploring the Long-Term Effects of Domestic Violence

- 1) I hereby authorize Ekaterini Angelis to include me in the following research study:
Exploring the long-term cognitive effects of domestic violence.
- 2) I have been asked to participate on a research project, which is designed to explore the cognitive effects of domestic violence, which will last for approximately 10 weeks.
- 3) It has been explained to me that the reason for my inclusion in this project is that I am a female survivor of domestic violence.
- 4) I understand that if I am a subject, I, as well as my art, will be assessed through individual therapy, for the cognitive effects of domestic violence.

The investigator will study the artwork made in session, as well as the aspects related to effects on my cognition, through my experience with domestic violence.

These procedures have been explained to me by Ekaterini Angelis (primary investigator)

- 5) I understand that my art may be photographed in the process of these research procedures. It has been explained to me that these photographs will be used for teaching and/or research purposes only and that my identity will not be disclosed. I have been assured that the photographs will be destroyed after their use in this research project is completed. I understand that I have the right to review the photographs made as part of the study to determine whether they should be edited or erased in whole or in part.
- 6) I understand that the study described above may involve the following risks and/or discomforts: anxiety, emotional discomfort, nervousness, and embarrassment.
- 7) I also understand that the possible benefits of the study are increased understanding of self, heightened self-awareness, enjoyment of art making, as well as greater knowledge, understanding of experience, skills, and awareness that may further assist in the participant's recovery.
- 8) I understand that the primary investigator (Ekaterini Angelis) who can be reached at the YWCA of Glendale (818) 242-4155 (ext. 218) will answer any questions I may have at any time concerning details of the procedures performed as part of this study.
- 10) If the study design or the use of the information is to be changed, I will be so informed and my consent re-obtained.

- 11) I understand that I have the right to refuse to participate in, or to withdraw from this research at any time without prejudice to (e.g., my future medical care at LMU.)
- 12) I understand that circumstances may arise which might cause the investigator to terminate my participation before the completion of the study.
- 13) I understand that no information that identifies me will be released without my separate consent except as specifically required by law.
- 14) I understand that I have the right to refuse to answer any question that I may not wish to answer.
- 21) I understand that in the event of research related injury, compensation and medical treatment are not provided by Loyola Marymount University.
- 22) I understand that if I have any further questions, comments, or concerns about the study or the informed consent process, I may contact David Moffet, Ph.D. Chair, Institutional Review Board, 1 LMU Drive, Suite 3000, Loyola Marymount University, Los Angeles CA 90045-2659 at david.moffet@lmu.edu.
- 23) In signing this consent form, I acknowledge receipt of a copy of the form, and a copy of the "Subject's Bill of Rights".

Subject's Signature _____ Date _____

Witness _____ Date _____

Appendix B **LOYOLA MARYMOUNT UNIVERSITY****Experimental Subjects Bill of Rights**

Pursuant to California Health and Safety Code §24172, I understand that I have the following rights as a participant in a research study:

1. I will be informed of the nature and purpose of the experiment.
2. I will be given an explanation of the procedures to be followed in the medical experiment, and any drug or device to be utilized.
3. I will be given a description of any attendant discomforts and risks to be reasonably expected from the study.
4. I will be given an explanation of any benefits to be expected from the study, if applicable.
5. I will be given a disclosure of any appropriate alternative procedures, drugs or devices that might be advantageous and their relative risks and benefits.
6. I will be informed of the avenues of medical treatment, if any, available after the study is completed if complications should arise.
7. I will be given an opportunity to ask any questions concerning the study or the procedures involved.
8. I will be instructed that consent to participate in the research study may be withdrawn at any time and that I may discontinue participation in the study without prejudice to me.
9. I will be given a copy of the signed and dated written consent form.
10. I will be given the opportunity to decide to consent or not to consent to the study without the intervention of any element of force, fraud, deceit, duress, coercion, or undue influence on my decision.